

Name  
in  
Full

J. H. Albert

## CERTIFICATE OF DEATH

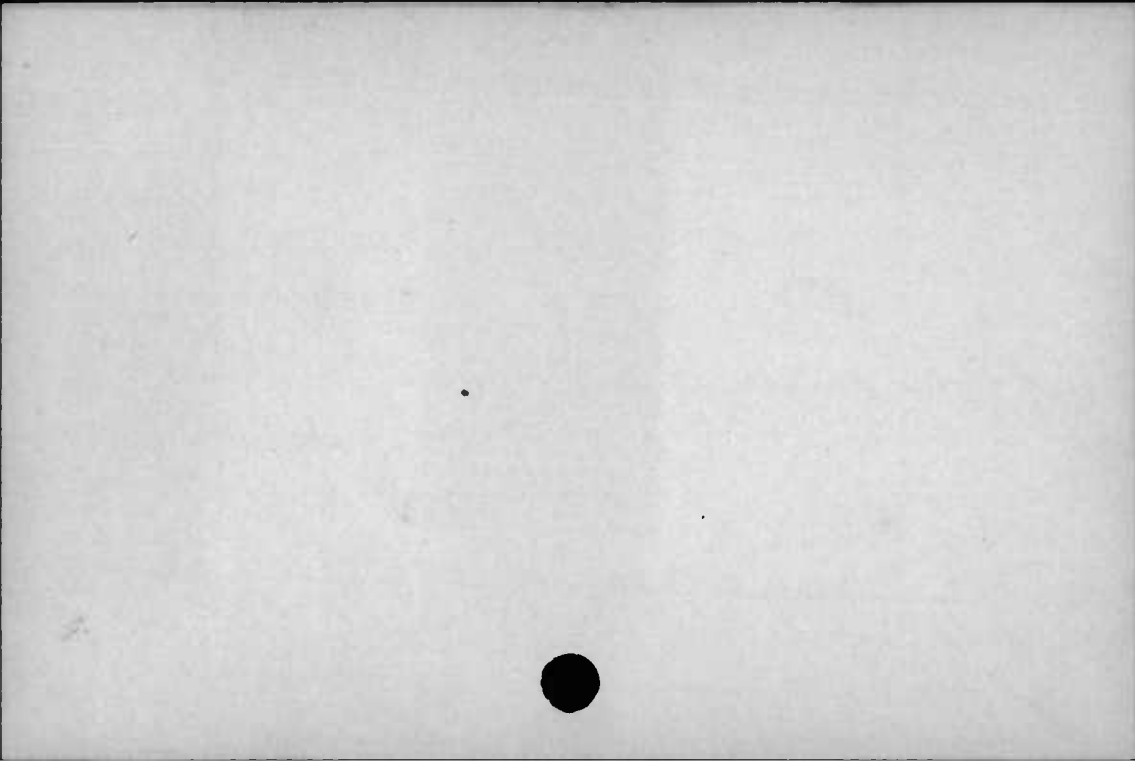
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brunswick		County Indemurick		MARYLAND	
Date of death	1905	Month 4	Day 21	Age 70	Years	Months	Days
Sex	male		Color or Race	white		Birth- place	W Va
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband				
Father's Name	Albert, Adam					Father's Birthplace	W Va
Mother's Maiden Name	Rinker, Catherine					Mother's Birthplace	W Va
Name of person giving Information	Mrs Harry Burris					How related to deceased	son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Low Grippe	How long	2 weeks
Immediate	apoplexy	How long	18 hours
Are the name, age, sex, color, date and place correctly given above?	JH	Signature of Physician	A. H. Horner
		Address	Brunswick Md
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Frederick</u> Town		County <u>Frederick</u>	
		Date of death <u>1905</u> <u>April</u> <u>22</u>		Age <u>24</u> Years <u>2</u> Months <u>0</u> Days	
		Sex <u>female</u>	Color or Race <u>Black</u>	Birth-place <u>Frederick</u>	
		Occupation <u>Housemaid</u>	Where Residing if not at place of death <u>Baltimore</u>		
		Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
		Father's Name <u>Vincent Beaner</u>	Father's Birthplace <u>Maryland</u>		
		Mother's Maiden Name <u>Alice Chase</u>	Mother's Birthplace <u>"</u>		
Name of person giving information <u>Alice Chase Beaner</u>		How related to deceased <u>Mother</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Syphilis</u>		How long <u>36</u> <u>Could not state</u>	
		Immediate <u>General systemic exhaustion</u>		How long <u>2 months</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>LaBauer</u>	
				Address <u>Frederick md</u>	
		Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

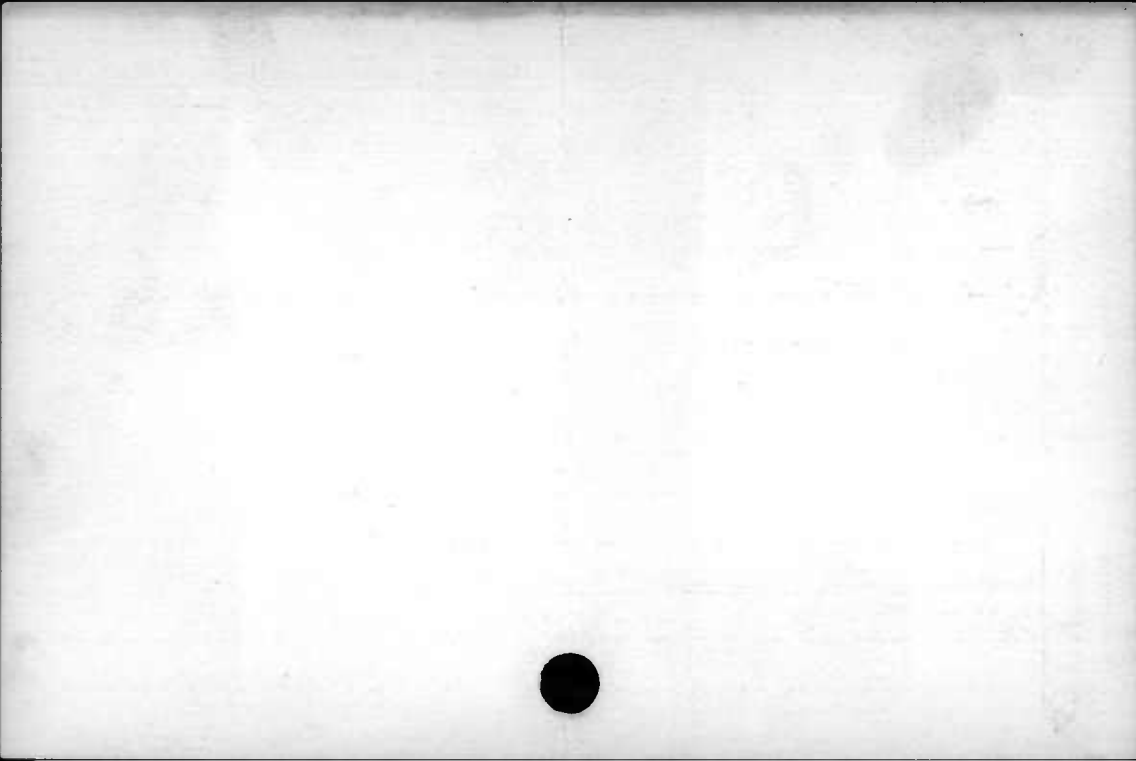
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rocky Ridge</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>13<sup>th</sup></i>	Age <i>40</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fred Co. Md</i>	
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Rebecca Biggs, deceased</i>			
Father's Name <i>David Morrison</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Harriet Sanders</i>			Mother's Birthplace <i>Don't know</i>		
Name of person giving information <i>Robert Biggs</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Organic Heart and Kidney Disease</i>	How long	<i>About 5 years</i>
Immediate	<i>Leuiphemia. Left side</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. B. Referson</i>	
		Address <i>Shumock, Md</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Peter H Bussard

## CERTIFICATE OF DEATH

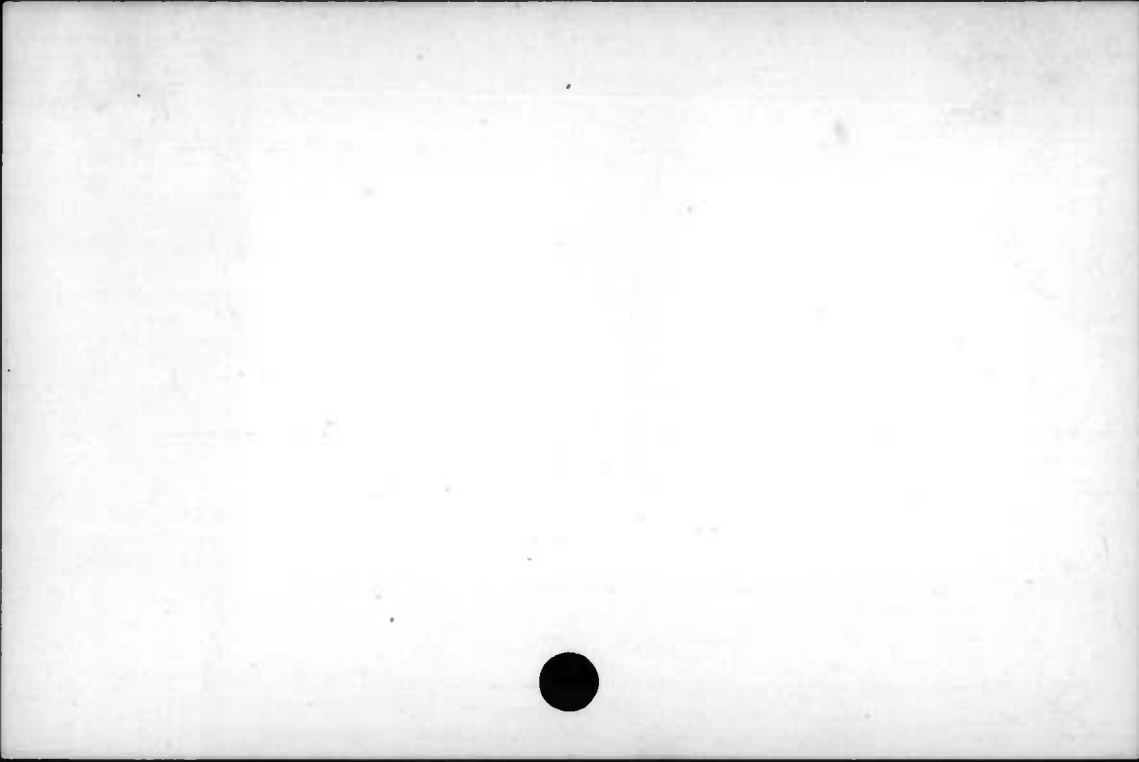
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>near Middletown</i>		<sup>County</sup> <i>Fredericks</i>		MARYLAND			
Date of death	<i>1905</i>	<sup>Month</sup> <i>April</i>	<sup>Day</sup> <i>26</i>	<sup>Years</sup> <i>69</i>	<sup>Months</sup> <i>2</i>	<sup>Days</sup> <i>7</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Frederick, Md</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Charlotte M. Cuffman</i>				
Father's Name	<i>John Bussard</i>				Father's Birthplace		
Mother's Maiden Name	<i>Susan DeLander</i>				Mother's Birthplace		
Name of person giving information	<i>P. E. Bussard</i>				How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. M. Buckley</i>
		Address	<i>Middletown</i>
Accident or Suicide?	<i>No</i>		<i>and</i>





Name  
in  
Full

CERTIFICATE OF DEATH

John F. Butcher

Town

County

MARYLAND

Died at

Indian

Indian

Date

Month

Day

Years

Months

Days

of death

1905 June

16

Age

64

Sex

Male

Color or  
Race

White

Birth-  
place

Indian (C.M.)

Occupation

Blacksmith

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary V. Waller

Father's  
Name

Low Butcher

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Margaret Sedwick

Mother's  
Birthplace

Pooleville  
Maryland Co

Name of person giving  
information

Charles Butcher

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 or 4 years

Immediate

Insanity

How long

Gradual

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

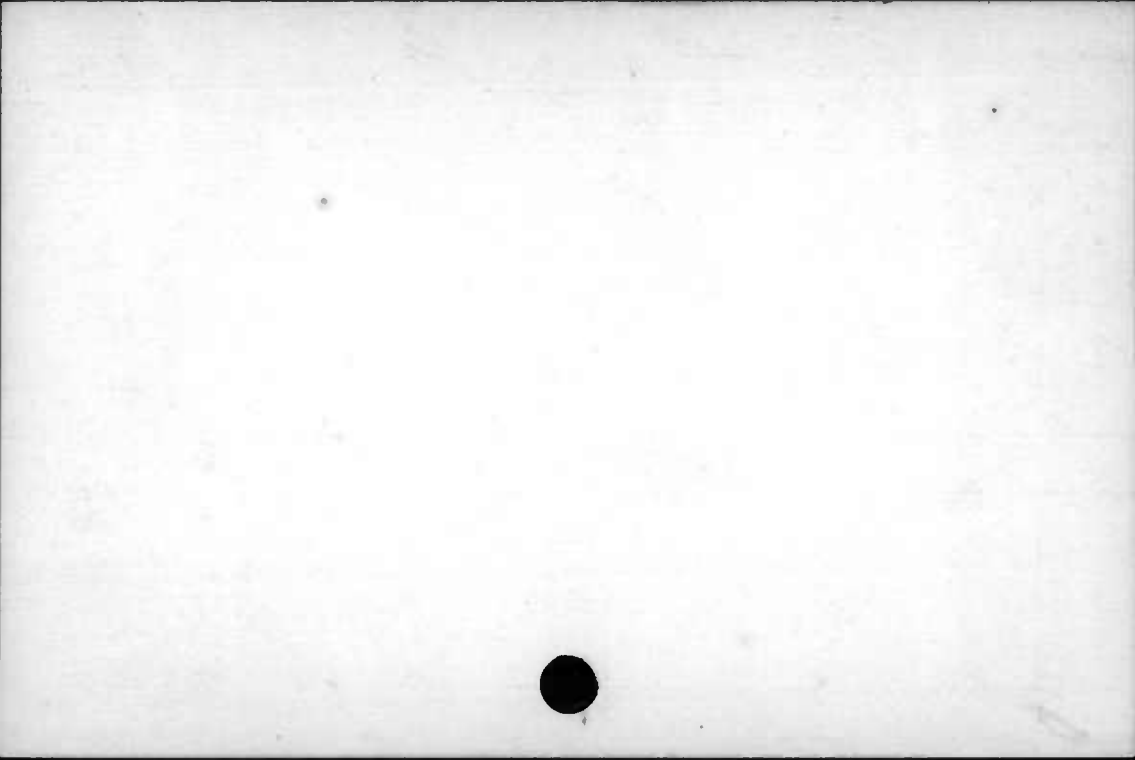
Address

W. B. Johnson  
Indian (C.M.)

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

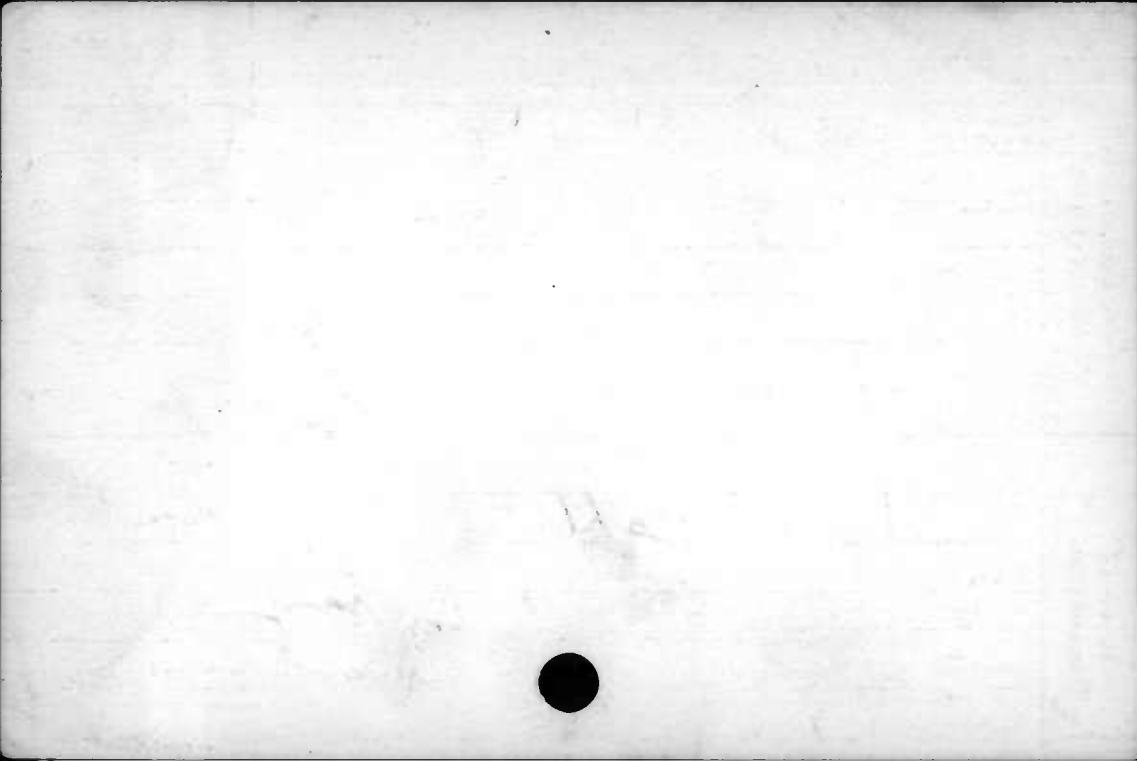
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		4	2	62			
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation		Where Residing if not at place of death					
Rail Roader							
Married, Single or Widowed		Name of Wife or Husband					
Single		Mollie Hughes					
Father's Name		Father's Birthplace					
Lawrence Carey		Dublin Ireland					
Mother's Maiden Name		Mother's Birthplace					
May Carey		Dublin Ireland					
Name of person giving information		How related to deceased					
John Thomas Carey		Son					

## CAUSES OF DEATH

Primary	Chronic Bright's	How long	120	How long	6 mo
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address			
		Baltimore Health Co			
Accident or Suicide?					



Name  
in  
Full

Margarette C. Lumbrough

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Fredrick* Town

County

Date of death 1905

Month

*Apr*

Day

*28*

Age

Years

*69*

Months

*1*

Days

*17*

Sex

*Female*Color or  
Race*White*Birth-  
place*Fredrick Md*

Occupation

*House*Where Residing if not  
at place of death*+*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*Geot. B. Lumbrough*Father's  
Name*William Stump*Father's  
Birthplace*County -*Mother's  
Maiden Name*Susan Stauffer*Mother's  
Birthplace*County*Name of person giving  
Information*Geot. B. Lumbrough*How related  
to deceased*Husband*

## CAUSES OF DEATH

Primary

*Apoplexy*

How long

*4 hours*

Immediate

*General paralysis*

How long

*6 hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*J. S. Macnord*

Address

*17 Green St W*

Accident or Suicide?

PHYSICIAN  
OR CORONER

Woodsbury

Name  
in Full

## CERTIFICATE OF DEATH

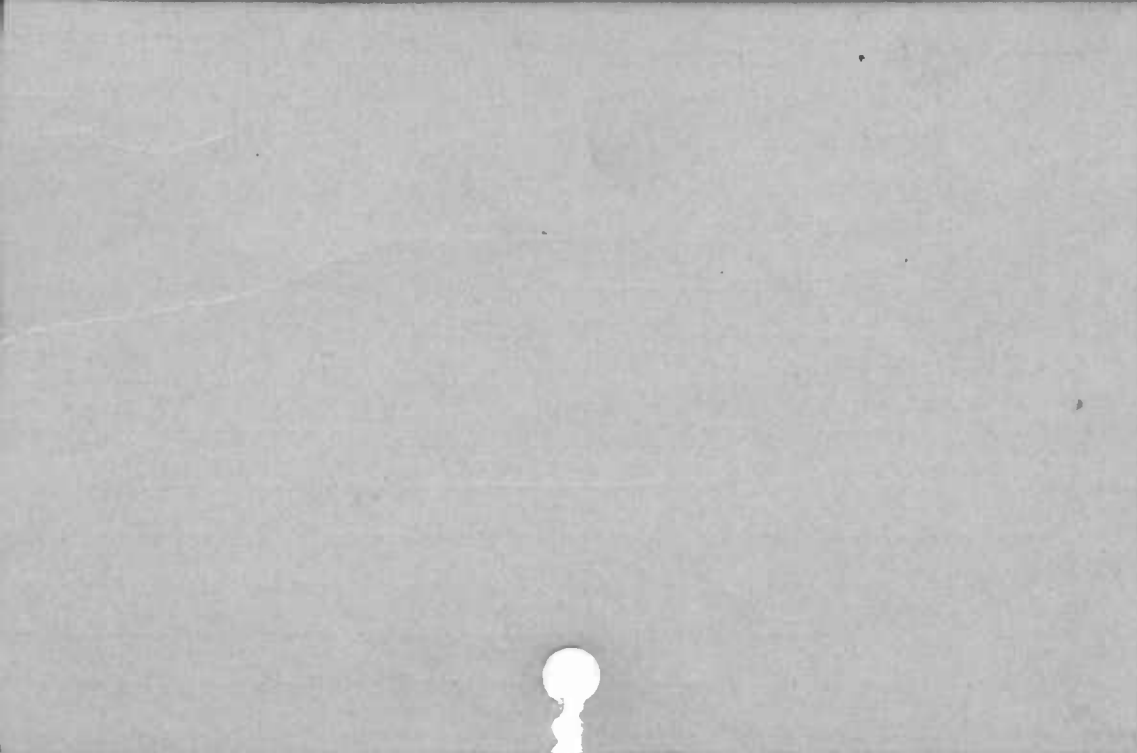
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brunswick</i>		Town <i>Fredrick</i>		County		MARYLAND		
Date of death <i>1905</i>	Month <i>4</i>	Day <i>23</i>	Age <i>37</i>	Years	Months <i>7</i>	Days <i>17</i>		
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Harper Ferry W Va</i>					
Occupation <i>conductor</i>	Where Residing if not at place of death <i>Sandy Hook</i>							
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Ketlee V. Cummings</i>							
Father's Name <i>Edward J Cummings</i>	Father's Birthplace <i>Va</i>							
Mother's Maiden Name <i>Louisa J Kumburger</i>	Mother's Birthplace <i>W Va</i>							
Name of person giving information <i>Mrs E J Cummings</i>	How related to deceased <i>Mother</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Killed by Cars</i>	How long <i>160</i>	<i>half hour</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>H S Hedges</i>	
		Address <i>Brunswick</i>	
Accident or Suicide?			





Name  
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*Child Dorsey*

CERTIFICATE OF DEATH

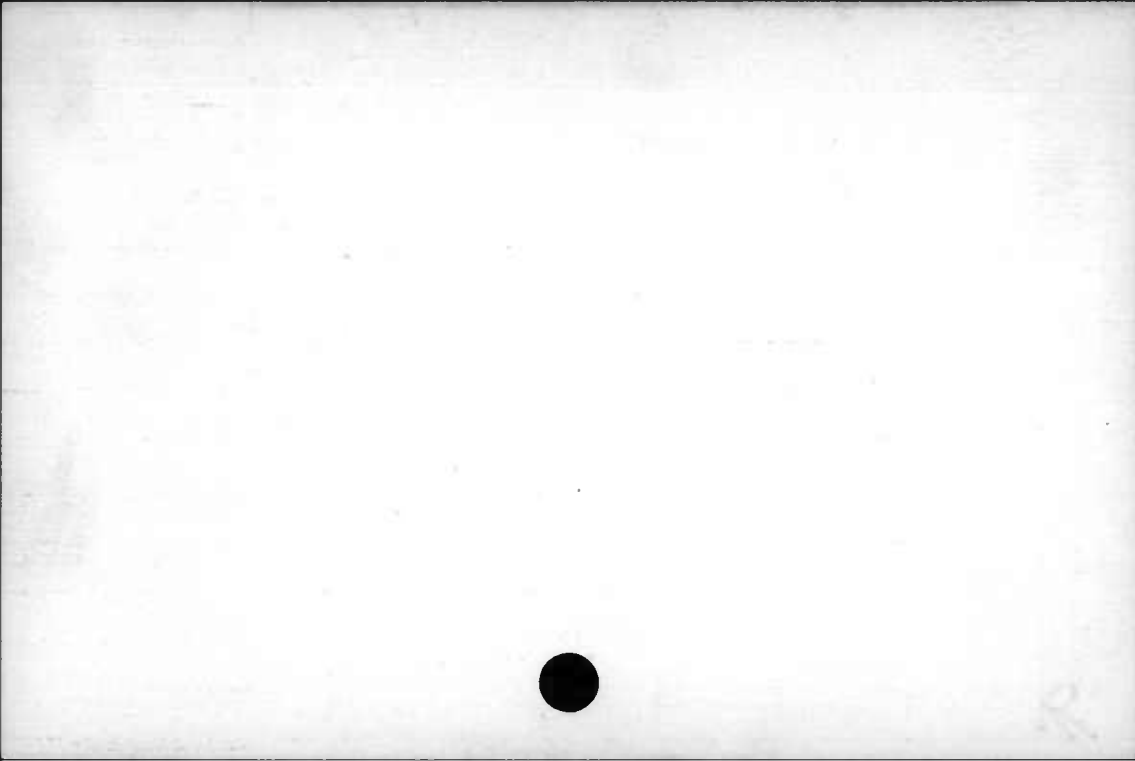
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	1905	Month	Apr	Day	22
Sex		Color or Race		Birth-place	
<i>Male</i>		<i>Colored</i>		<i>Frederick</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Charles Dorsey</i>			<i>Frederick Md</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Ida Whiston</i>			<i>" "</i>		
Name of person giving information			How related to deceased		
<i>Charles Dorsey</i>			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Indiscretion on part of</i>	How long
Immediate	<i>Mother resulting in death of child in utero.</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		<i>W. G. Bourne</i>
		Address
		<i>Frederick, Md.</i>
Accident or Suicide?		



Name  
in  
Full

Marion Elizabeth Dorsey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town Frederick		County Frederick	
Date of death	1905	Month April	Day 15	Age 12	Years 11
Sex	Female		Color or Race	Colored	
Occupation			Birth-place	Frederick	
			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Charles Dorsey		Father's Birthplace	
				Frederick	
Mother's Maiden Name		Annie Mitchell		Mother's Birthplace	
				"	
Name of person giving information		Stannie Dorsey		How related to deceased	
				Sister	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	About 6 mo
Immediate		How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D. U. G. Gorman.
Yes		Address	Frederick, Md.
Accident or Suicide?			



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*D*

Name in Full		Margaret Carolins Etzler				CERTIFICATE OF DEATH	
Died at		Town Johnsville		County Frederick Co.		MARYLAND	
Date of death 1905		Month April		Day 6		Age 71	
Sex Female		Color or Race White		Birth-place Frederick Co. Md.		Months 5	
Married Single <input checked="" type="checkbox"/> Widowed		Widowed		Occupation House Keeper		Days 23	
Name of <del>Wife or</del> Husband		George Washington Etzler					
Father's Name		William A. Albaugh				Father's Birthplace Frederick Co. Md.	
Mother's Maiden Name		Sarah Waltz				Mother's Birthplace ✓	
Name of person giving information		A. H. Etzler				How related to deceased Son	

CAUSES OF DEATH

Primary		Diabetes Mellitus		Later-Complicated with Bright's disease		How long About 2 Years	
Immediate		General Debility				How long Gradually	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician C. A. Stultz		Address Woodburn Md	
To best of my knowledge							
Accident or Suicide?							



Name in Full		Falconer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>New Market</i> <small>Town</small>		<i>Fredrick Co.</i> <small>County</small>		MARYLAND	
		Date of death <i>1905</i> <small>Month</small> <i>April</i> <small>Day</small> <i>19</i>		Age <i>19</i> <small>Years</small>		Months <i>0</i> <small>Days</small> <i>0</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New Market</i>	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name <i>W. E. Falconer</i>		Father's Birthplace <i>New Market</i>			
Mother's Maiden Name <i>Mrs. Annie K. K. K.</i>		Mother's Birthplace <i>Middleton, Md.</i>					
Name of person giving information <i>Father</i>		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Still Born</i>				How long	
		Immediate <i>Still Born</i>				How long	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. W. Lowmyer, M.D.</i>			
				Address <i>[Redacted]</i>			
		Accident or Suicide?					





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary A. Galle</i>		Town <i>Mederick</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death 1905		Month <i>April</i>		Day <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>78</i>		Years <i>9</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>House-Maid</i>		Birth-place <i>Canoll Co. Md.</i>		Months <i>16</i>	
Name of Wife or Husband				Father's Name <i>Peter Galle</i>			
Mother's Maiden Name <i>Katharine Beyars</i>				Father's Birthplace <i>Pa</i>			
Name of person giving information <i>John N Stull</i>				Mother's Birthplace <i>Hanover Pa.</i>			
				How related to deceased <i>Brother in law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease, Chronic Cystitis and Abdominal Tumor.</i>		How long <i>about One Year</i>	
Immediate <i>Asthma</i>		How long <i>3 Months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. J. Haffner</i>	
		Address <i>Medrick, Md.</i>	
Accident or Suicide?			



Name  
in  
Full


## CERTIFICATE OF DEATH

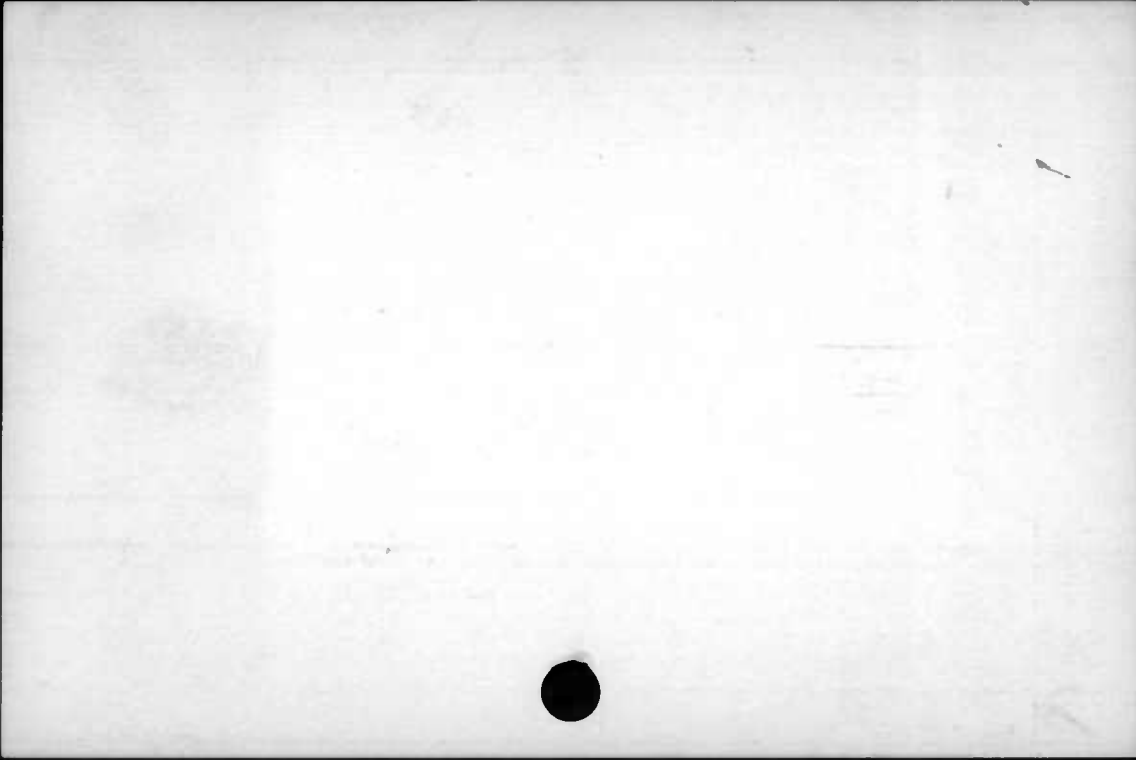
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Haltersville</i>		Town <i>Haltersville</i>		County <i>Fredrick</i>		MARYLAND	
Date of death 1905	Month <i>April</i>	Day <i>7</i>	Age <i>31</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Farmington Co.</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>housewife</i>				
Name of Wife or Husband <i>Charles Gisinger</i>							
Father's Name <i>George Gisinger</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Rebecca Glen</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>John T. Nicodemus</i>				How related to deceased <i>in-law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Rheumatic endocarditis</i>	How long <i>7</i> 
Immediate <i>Cardiac dropping + albuminuria</i>	How long <i>5 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John T. Nicodemus</i>
	Address <i>Haltersville Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James K. Gelwicks*

Died at *Emmitsburg* <sup>Town</sup> *Frederick* <sup>County</sup> *MARYLAND*

Date of death 190*5* <sup>Month</sup> *April* <sup>Day</sup> *16* <sup>Years</sup> *60* <sup>Months</sup> *6* <sup>Days</sup> *10*

Sex *Male* Color or Race *White* Birth-place *MD*

~~Married, Single~~ <sup>Occupation</sup> *Laborer*

Name of Wife or Husband

Father's Name *Jacob S. Gelwicks* Father's Birthplace *MD*

Mother's Maiden Name *Mary E. Rosensteel* Mother's Birthplace *"*

Name of person giving information *Geo J. Gelwicks* How related to deceased *Bro*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

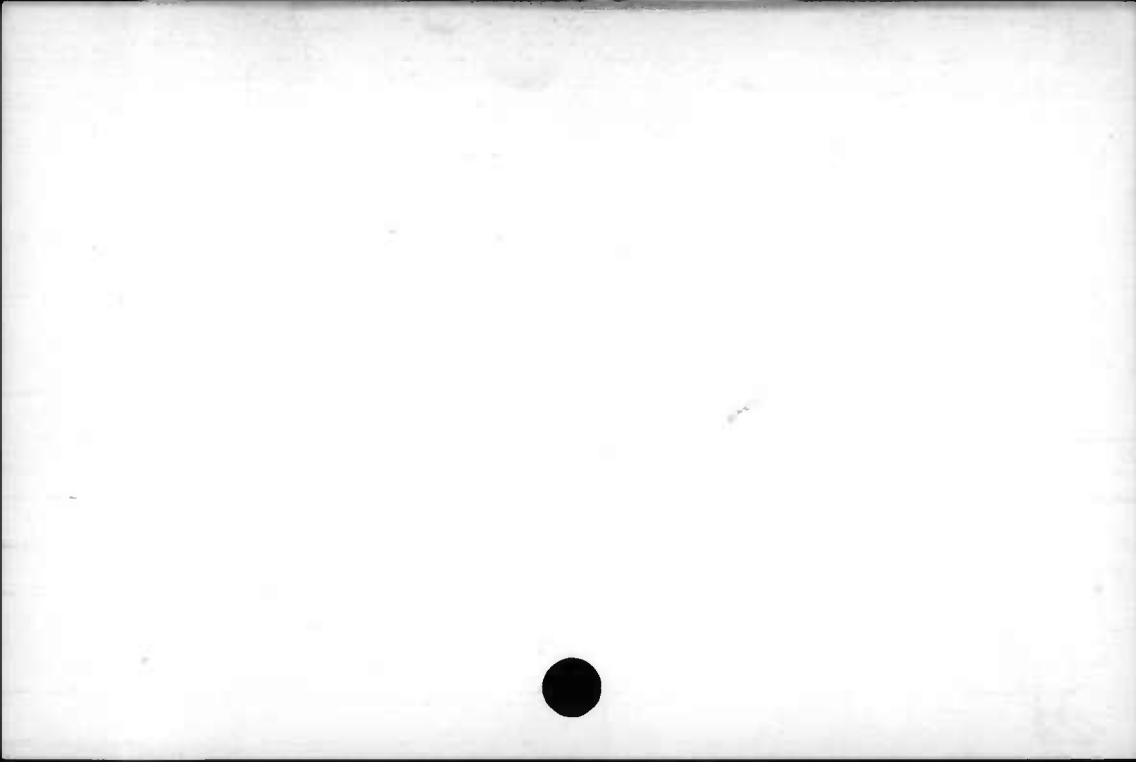
Primary *Chronic Hepatitis* *1720* How long *6 yrs*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

Maggie Hall.

CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Near Buckeystown <sup>County</sup> FrederickDate of death 1905 <sup>Month</sup> 4 <sup>Day</sup> 4 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> 10 <sup>Days</sup> —

Sex Female Color or Race Black. Birth-place Same

Occupation ————— Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband —————

Father's Name Charles Hall.

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Mr. Nicodemus

How related to deceased None

## CAUSES OF DEATH

Primary Malnutrition (15) ✓ How long Some months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Internment at St Joseph's Con.

" Apr 5 -

Thomas P. Rice.



Name  
in  
Full

Charles C. Hammond

## CERTIFICATE OF DEATH

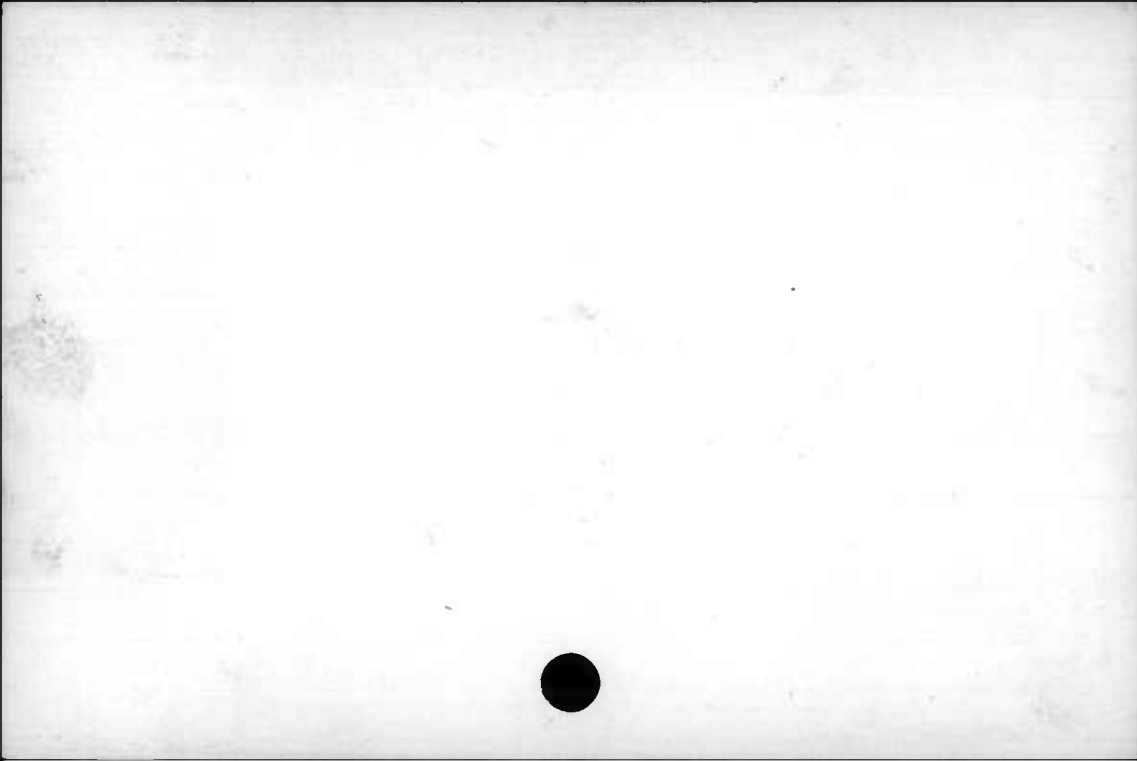
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Johnsville</i> <small>Town</small>		<i>Fredrick</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Year</small>	<i>April</i> <small>Month</small>	<i>21st</i> <small>Day</small>	<i>38</i> <small>Years</small>	<i>4</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Fredrick Co.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Carrie Lindsay</i>		
Father's Name	<i>George M. Hammond</i>			Father's Birthplace	<i>Fredrick Co.</i>
Mother's Maiden Name	<i>Eliza A. Bond</i>			Mother's Birthplace	<i>Fredrick Co.</i>
Name of person giving information	<i>Ida Smith</i>			How related to deceased	<i>Sister</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid-Pneumonia</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. B. Shaw</i>
		Address	<i>Liberty Town Md.</i>
Accident or Suicide?			



Name  
in  
Full

Mary Hartsock

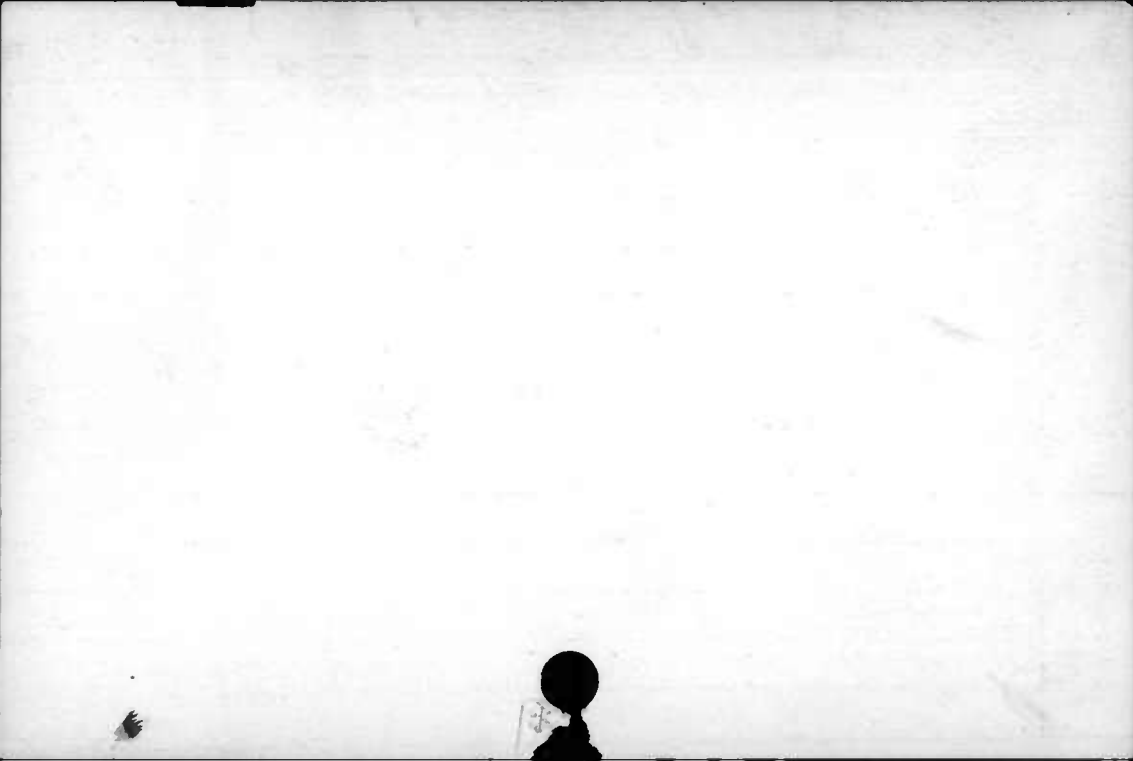
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

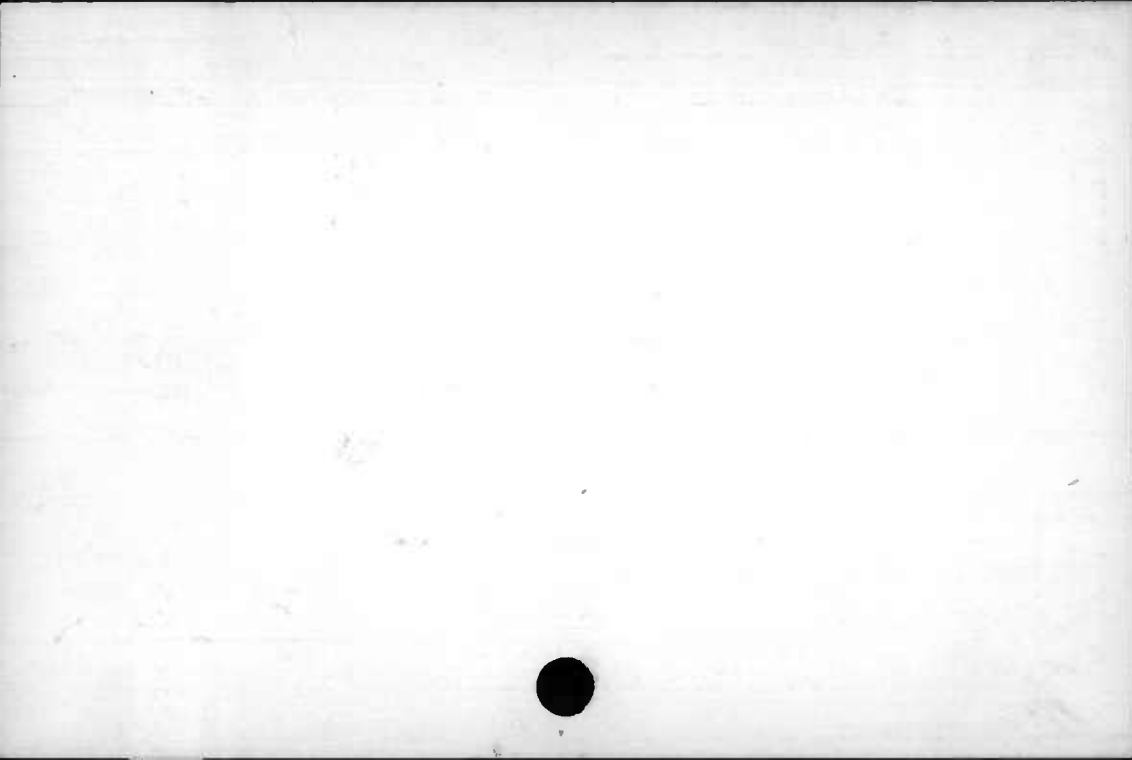
Died at		Frederick		Frederick		MARYLAND	
Date of death	1905	Month	4	Day	4	Age	46
Sex	Female		Color or Race	White		Birth-place	Md
Occupation	H. W.			Where Residing if not at place of death			
<del>Single</del> Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		May Coats				How related to deceased	
						Daughter	

## CAUSES OF DEATH

Primary	Coloured Pneumonia		How long	8 weeks
Immediate	By Louisa		How long	5 hours
Are the name, age, sex, color, date and place correctly given above?		4-6	Signature of Physician	
			Address	
			37 EOD Albion St	
			City,	
Accident or Suicide?				



Name in Full		<i>Malissa Herndon</i>				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town <i>Mountains</i>	County <i>Frederick</i>	MARYLAND		
		Date of death	190 <i>J</i>	Month <i>April</i>	Day <i>27</i>	Years <i>26</i>	Months	Days
		Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place
		Occupation				Where Residing if not at place of death		
		Married, Single or Widowed				Name of Wife or Husband		
		Father's Name				Father's Birthplace		
PHYSICIAN OR CORONER		Mother's Maiden Name					Mother's Birthplace	
		Name of person giving information		<i>(27)</i>			How related to deceased	
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		<i>Pulmonary Tuberculosis</i>		How long		
		Immediate		<i>Exhaustion</i>		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		<i>R. S. Lyson.</i>		
				Address		<i>Frederick Md.</i>		
		Accident or Suicide?						



Name  
in  
Full

Mrs. Dasee E Hoffmaster



CERTIFICATE OF DEATH

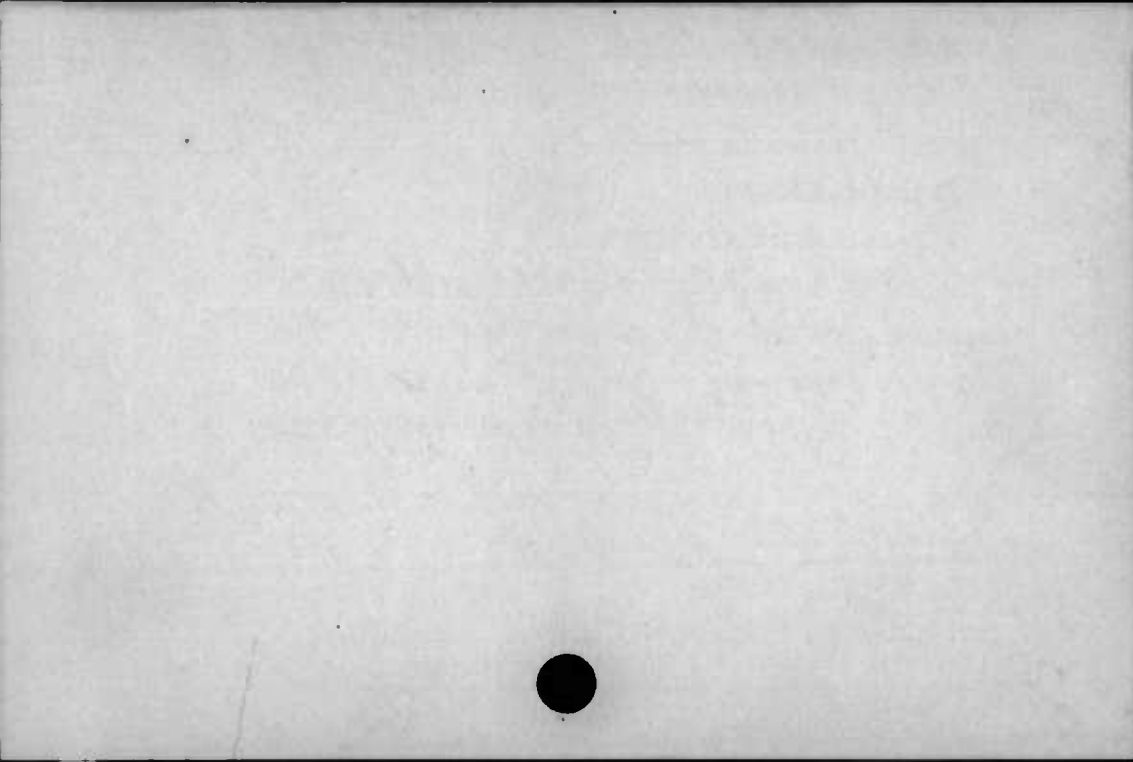
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brunswick		County Fredrick		MARYLAND	
Date of death	1905	Month 4	Day 24	Age 23	Years 2	Months 6	Days
Sex	Female		Color or Race	White		Birth- place	Washington Co Md
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	John D Hoffmaster			
Father's Name	John A Myers				Father's Birthplace	Md	
Mother's Maiden Name	Mary Ingram				Mother's Birthplace	Md	
Name of person giving In formation	John D Hoffmaster				How related to deceased	Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of Lungs		How long	18 Months
Immediate	Exhaustion		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	H. S. Hedges M.D.
			Address	Brunswick Md
				
				
Accident or Suicide?				





Name  
in  
Full

## CERTIFICATE OF DEATH

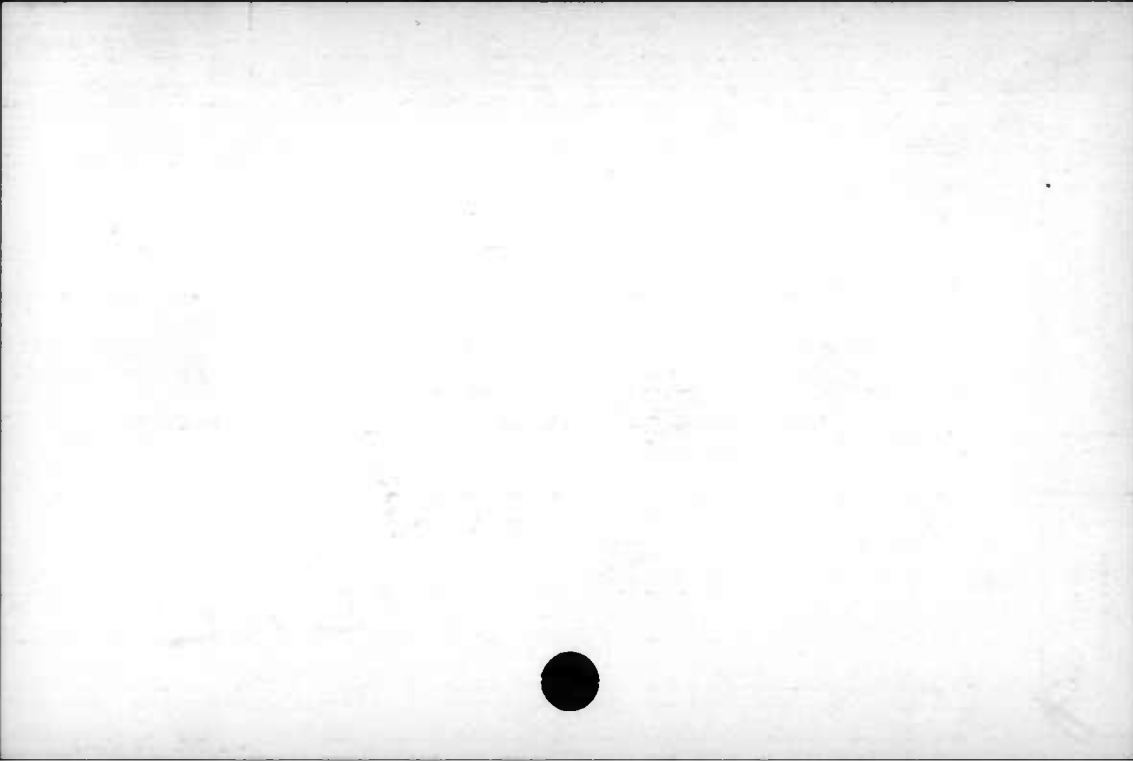
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Laura V. House</b>		Town <b>Frederick</b>		County <b>Frederick</b>		MARYLAND	
Died at <b>Frederick</b>		Month <b>4</b>		Day <b>26</b>		Years <b>58</b>	
Date of death <b>1905</b>		Months <b>06</b>		Days <b>26</b>			
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Ind</b>			
Occupation <b>H. W.</b>		Where Residing if not at place of death <b>X</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>X</b>					
Father's Name <b>Thomas Bell</b>		Father's Birthplace <b>X</b> <b>Ind</b>					
Mother's Maiden Name <b>Caroline Reed</b>		Mother's Birthplace <b>X</b> <b>"</b>					
Name of person giving information <b>Florence Shearer</b>		How related to deceased <b>daughter</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Acute Nephritis</b>		How long <b>3 weeks</b>	
Immediate <b>Exhaustion</b>		How long <b>2 days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>		Signature of Physician <b>H. T. Long</b>	
		Address <b>35 E. Patrick St. Frederick Ind.</b>	
Accident or Suicide? <b>X</b>			



Name  
in  
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Jess Howell</i>		Town <i>Brunswick</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Brunswick</i>		Month <i>4</i>		Day <i>3</i>		Age <i>35</i>	
Date of death <i>1905</i>		Month <i>4</i>		Day <i>3</i>		Age <i>35</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>W. Va</i>			
Occupation <i>Cropper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Joseph Howell</i>				Father's Birthplace <i>W Va</i>			
Mother's Maiden Name <i>C. Howell</i>				Mother's Birthplace <i>W Va</i>			
Name of person giving In formation <i>Sarah Ogerty</i>				How related to deceased <i>no</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Killed by car</i>		How long <i>16</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H S Heep</i>	
		Address 	
Accident or Suicide?			

charlestown n va

Name  
in  
Full

John Jenkins

## CERTIFICATE OF DEATH

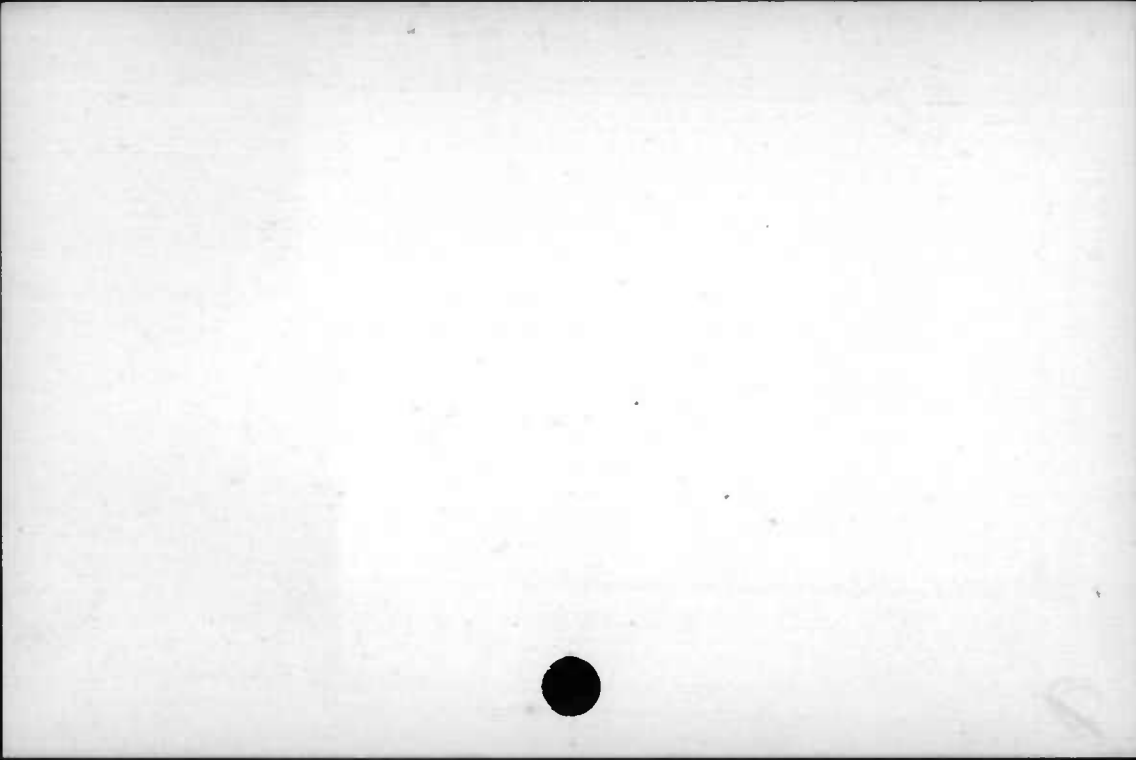
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Urbana</i> Town		<i>Franklin</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>4</i>	Day <i>12</i>	Age <i>—</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>Ind</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>not married</i>			
Father's Name <i>John Jenkins</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Eliza Brown</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Jes. M. Peters R.F.D. #21</i>			How related to deceased <i>—</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. R. Miller</i>	
	Address <i>Franklin Ind</i>	
Accident or Suicide? <i>—</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		John P. Johnson		Baltimore		County		Baltimore		MARYLAND	
Date of death 1905	Month	Day	Age	Years	Months	Days					
5	April	25	76		9	18					
Sex	Male		Color or Race	White		Birth-place	Pa.				
Married, Single or Widowed	Widower			Occupation	Retired						
Name of Wife or Husband											
Father's Name											
Mother's Maiden Name											
Name of person giving information											
John A. Johnson											
How related to deceased											
Son											

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastric Catarrh, Appendicitis resulting in Peritonitis.		Secondary		Catarrh, several months.		
Immediate	Gastric Catarrh, Appendicitis resulting in Peritonitis.		How long		Two days		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			S. D. Huffman, M.D.	
			Address			Baltimore, Md.	
Accident or Suicide?							

to. to. to early.

M O O early-

Apr 27 '1905-



Name  
in  
Full

Susan Elizabeth Kamtner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Bridgetown

Town

Bridgetown

County

MARYLAND

Date

of death 1900

15 April

Day

30

Age

Years

74

Months

11

Days

23

Sex

Female

Color or  
Race

White

Birth-  
place

Md.

Married, Single  
or Widowed

Widow

Occupation

Name of Wife or  
Husband

Rev. John Kamtner

Father's  
Name

David Doll

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Catherine Kolb

Mother's  
Birthplace

Md.

Name of person giving  
in formation

Harry Doll

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Chronic Bright's Disease &amp; Heart Disease

How long

One year

Immediate

Asthma

How long

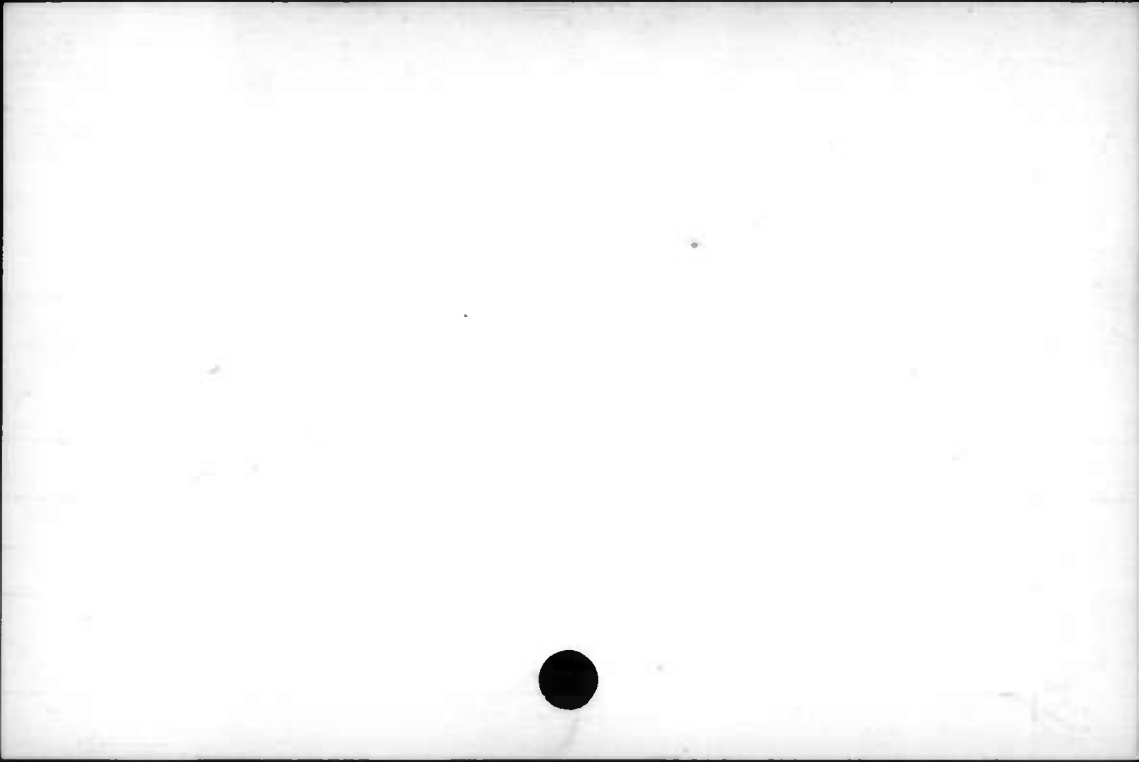
3 months

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

S. J. Haffner, M.D.  
Bridgetown  
Md.

Accident or Suicide?



Name  
in  
Full

George. F. Kefauver

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Frederick* Town *Frederick* CountyDate of death *1905* Month *4* Day *18* Age *17* Years Months *9* Days *13*Sex *Male* Color or Race *White* Birth-place *Indiana*Occupation *None* Where Residing if not at place of death *Same*Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_Father's Name *Alva E. Kefauver* Father's Birthplace *Indiana*Mother's Maiden Name *Katie L. Sandweh* Mother's Birthplace *Indiana*Name of person giving information *Alva E. Kefauver* How related to deceased *Father*

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONERPrimary *Osteo-sarcoma* { *Sacrum - metastases* } from femur How long *Six months*Immediate *Anemia - Heart failure* How long \_\_\_\_\_Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. W. Hendrix M.D.*  
Address *Frederick, Md.*Accident or Suicide? *X*

Interment Apr 21  
" at Middletown

Thomas P. Rice

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Charles Henry Krüger* Town *Monteith* County *Frederick*

Died at *Monteith Hospital*

Date of death *1905* Month *April* Day *4* Age *68* Years Months Days

Sex *Male* Color or Race *White* Birth-place

Occupation *X* Where Residing if not at place of death *X*

Married, Single or Widowed *X* Name of Wife or Husband *X*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

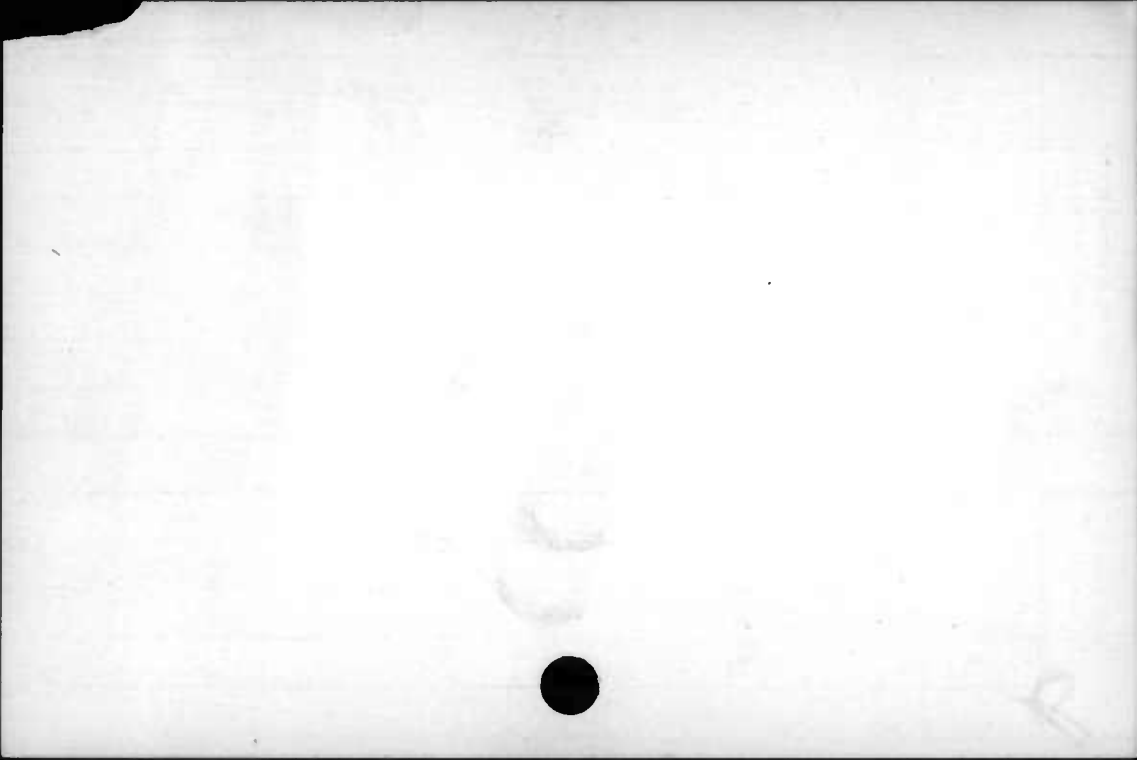
Primary *Apoplexy* How long *64*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *R. S. Lyson*  
Address *Frederick Md*

Accident or Suicide?



Name  
in  
Full

William Kroons

## CERTIFICATE OF DEATH

MARYLAND

Died at		Town		County			
Date		Month	Day	Years	Months	Days	
of death		1905	4	17	Age	84	
Sex	male		Color or Race	White		Birth-place	Wid
Occupation	Farmer		Where Residing if not at place of death				near Emmitsburg
<del>Married</del> , Single		Name of Wife or Husband					
Father's Name		William Kroons				Father's Birthplace	11
Mother's Maiden Name		Elizabeth Sheets				Mother's Birthplace	11
Name of person giving information		William B Pentzel				How related to deceased	Bro in law

## CAUSES OF DEATH

Primary

How long

Immediate

Apoplexy

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

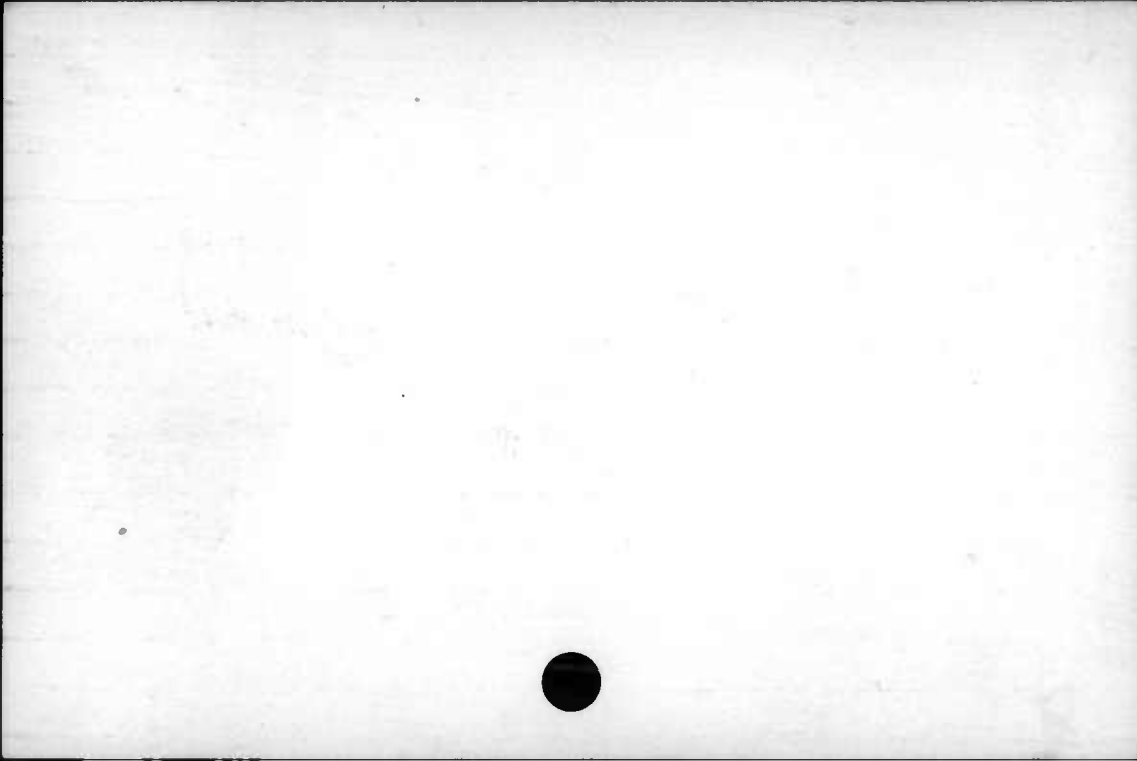
Robert L. Annan

Address

Emmitsburg Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Ruth V. Lindsay</i>		Town <i>MD King</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>MD King</i>		Date of death <i>1905 April 12</i>		Age <i>3</i> Years <i>25</i> Months <i>25</i> Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD King</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William Lindsay</i>		Father's Birthplace <i>Fredk. Co.</i>					
Mother's Maiden Name <i>Ida Jones</i>		Mother's Birthplace <i>Warroll Co</i>					
Name of person giving information <i>Ida Lindsay</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thomas P. Sappington</i>
	Address <i>Unionville Maryland</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John A. McCallister*

Town *Woodstock* County *Frederick*

Died at *Woodstock*

Date of death 190 *5* - Month *April* Day *23* Age *66* Years *5* Months *18* Days

Sex *Male* Color or Race *White* Birth-place *Pa.*

Married, Single or Widowed *Married* Occupation *Farmer*

Name of Wife or Husband *Camille E.*

Father's Name *John H. McCallister* Father's Birthplace *Pa.*

Mother's Maiden Name *Agnes* Mother's Birthplace *do.*

Name of person giving information *Wife* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Valvular Heart Disease,* How long *2 years*

Immediate *Dropsy,* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. H. Kable*

Address *Woodstock, Md.*

Accident or Suicide? *—*



Name  
in  
Full

Annie R. Mercier

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Near FrederickCounty <sup>Frederick</sup>

MARYLAND

Date  
of death 1905

Month 4

Day 10

Age

Years 65

Months 10

Days 9

Sex

Female

Color or  
Race

Wh

Birth-  
place

Md

Occupation

H. W.

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Cornelia Mercier

Father's  
Name

Philip Reich

Father's  
Birthplace

Md

Mother's  
Maiden Name

Rebecca Ayers

Mother's  
Birthplace

Md

Name of person giving  
In formation

Sister

How related  
to deceased

—

## CAUSES OF DEATH

Primary

Pneumonia

How long

2 weeks

Immediate

Abscess, ruptured in lung -

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

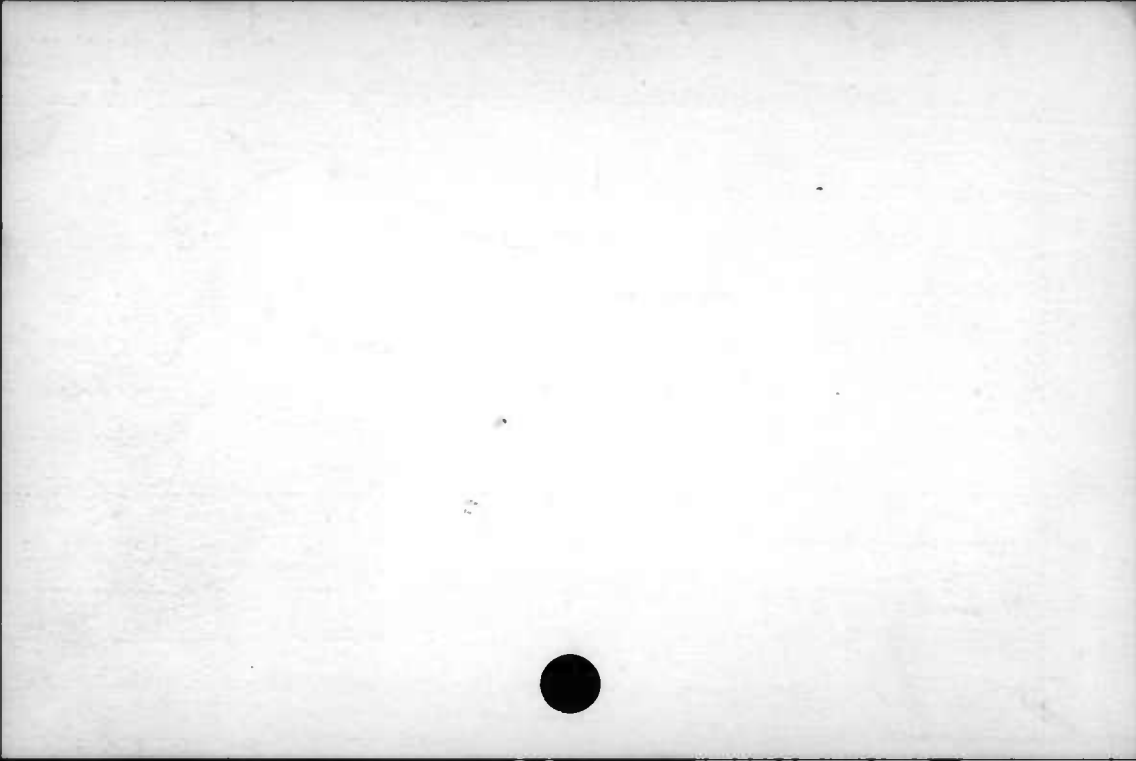
Signature of  
Physician

Address

C. F. Fordham and

Frederick.

Accident or Suicide?



Name  
in  
Full

Sarah Ann Morningstar

## CERTIFICATE OF DEATH

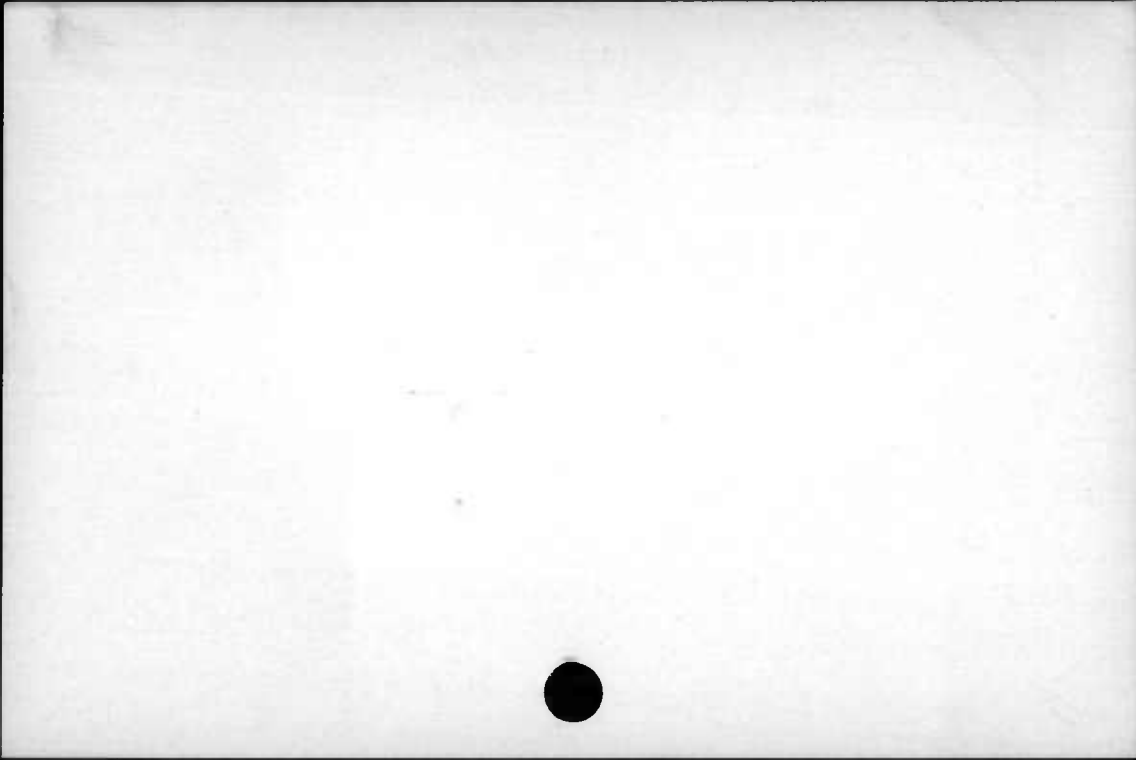
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Buckeys Loan</i>		County <i>Tines</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Apr.</i>	Day <i>30</i>	Years <i>49</i>	Months <i>6</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>ind</i>		
Married, Single or Widowed <i>Married</i>			Occupation		
Name of Wife or Husband <i>Geo. Morningstar</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Anna Shannon</i>			How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer Uterus &amp; Bowels</i>	How long	<i>2 or 3 yrs</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. C. de Rostan</i>	
		Address <i>Buckeystown</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

unnamed

Town

Point of Rocks

Morrison

County

Frederick

MARYLAND

Date

of death 1905

Month

April

Day

14

Age

Years

Months

Days

one

Sex

Female

Color or  
Race

White

Birth-  
place

Point of Rocks

Occupation

Where Residing if not  
at place of death~~Married~~, SingleName of Wife or  
Husband~~Louise~~ DeastFather's  
Name

Michael Morrison

Father's  
BirthplaceMother's  
Maiden Name

Grace Dean

Mother's  
Birthplace

Point of Rocks

Name of person giving  
information

Lizzie Dean

How related  
to deceased

Grandmother

## CAUSES OF DEATH

Primary

convulsions

How long

24 hours

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

R. Watkins Traubnell

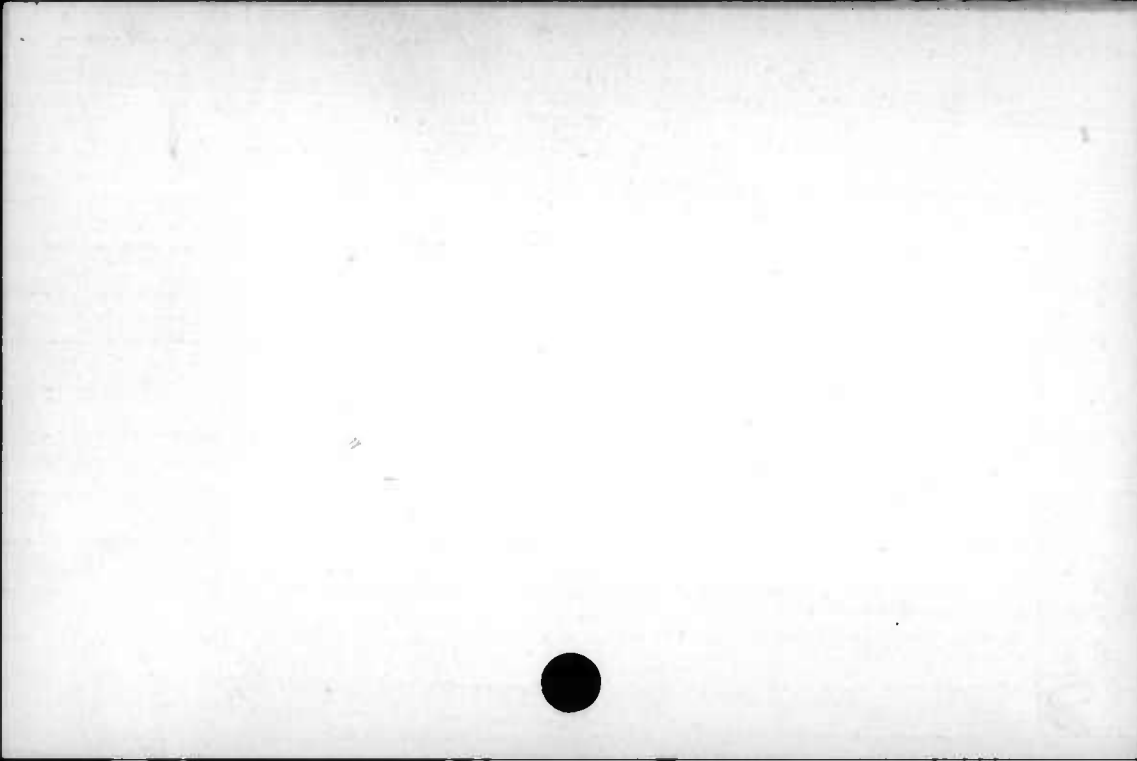
Address

Point of Rocks

Bay View

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

James Reynolds Myers

## CERTIFICATE OF DEATH

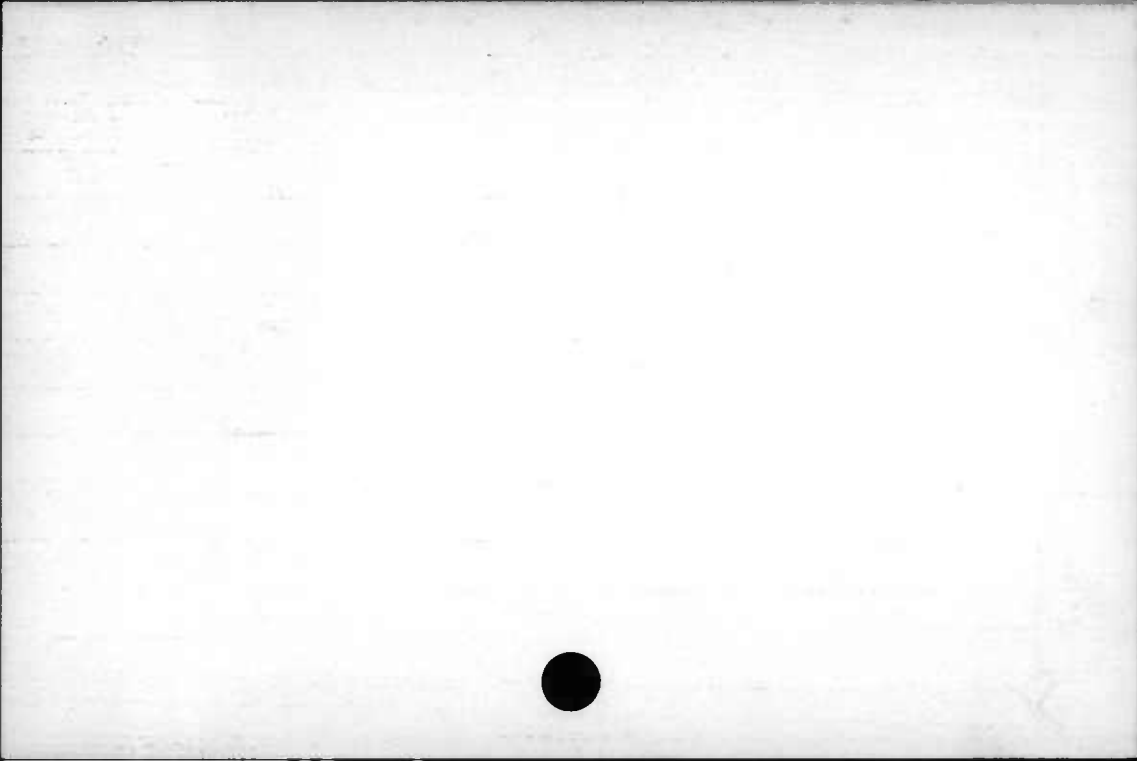
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmitsburg</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND									
Date of death	1905	Month	<i>April</i>	Day	<i>23</i>	Age	<i>3</i>	Years	<i>6</i>	Months	<i>11</i>	Days	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Emmitsburg Md</i>						
Occupation	<i>none</i>				Where Residing if not at place of death								
Married, Single or Widowed				Name of Wife or Husband									
Father's Name				<i>James E. Myers</i>				Father's Birthplace				<i>Freet Co. Md</i>	
Mother's Maiden Name				<i>Sarah Ann Harding</i>				Mother's Birthplace				<i>Adams Co. Pa</i>	
Name of person giving information				<i>James E Myers</i>				How related to deceased				<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Membranous Croup</i>	How long	<i>1 day</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Chas Eichelberger</i>
		Address	<i>Emmitsburg Md</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1903	Month <i>4</i>	Day <i>29</i>	Age <i>61</i>	Years	Months <i>8</i>	Days <i>18</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Germany</i>
Occupation	<i>House Wife</i>			Where Residing if not at place of death			<i>Same</i>
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Christian Railing</i>			
Father's Name	<i>John George Minding</i>					Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Margarette Porters</i>					Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Christian Railing</i>					How related to deceased	<i>Husband</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Abscess of Lung</i>	How long	<i>Several months</i>
Immediate	<i>Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. H. Minding, M.D.</i>
		Address	<i>Frederick, Md.</i>
Accident or Suicide?			

Internment at North Olmsted  
May 1st

11

Thos B Rice

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Ezra M. Ramsbury*  
 Died at *Monterno Hospital Frederick*  
 Town *Frederick* County *Frederick*

MARYLAND

Date of death *1905* Month *Apr* Day *29* Age *61* Years Months Days

Sex *Male* Color or Race *White* Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

Primary *General Debility.* How long *154* ✓  
 Immediate How long

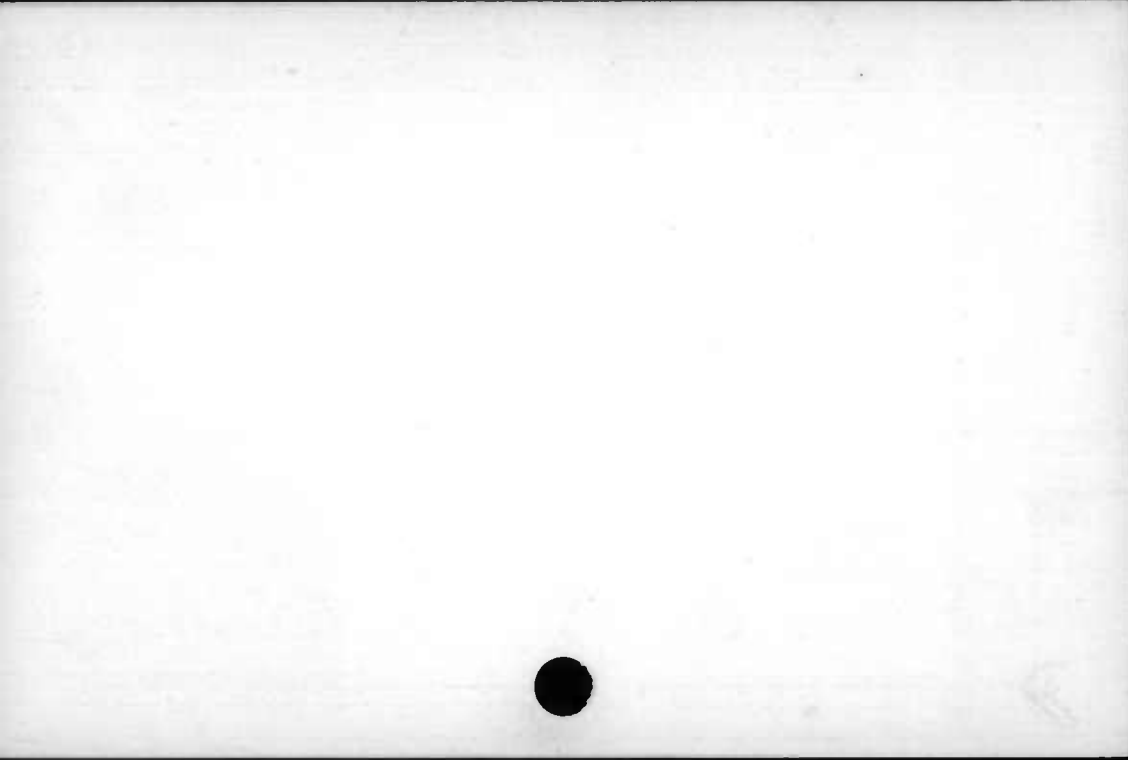
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*R. L. Tyson*  
*Frederick*  
 *Md.*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Rice

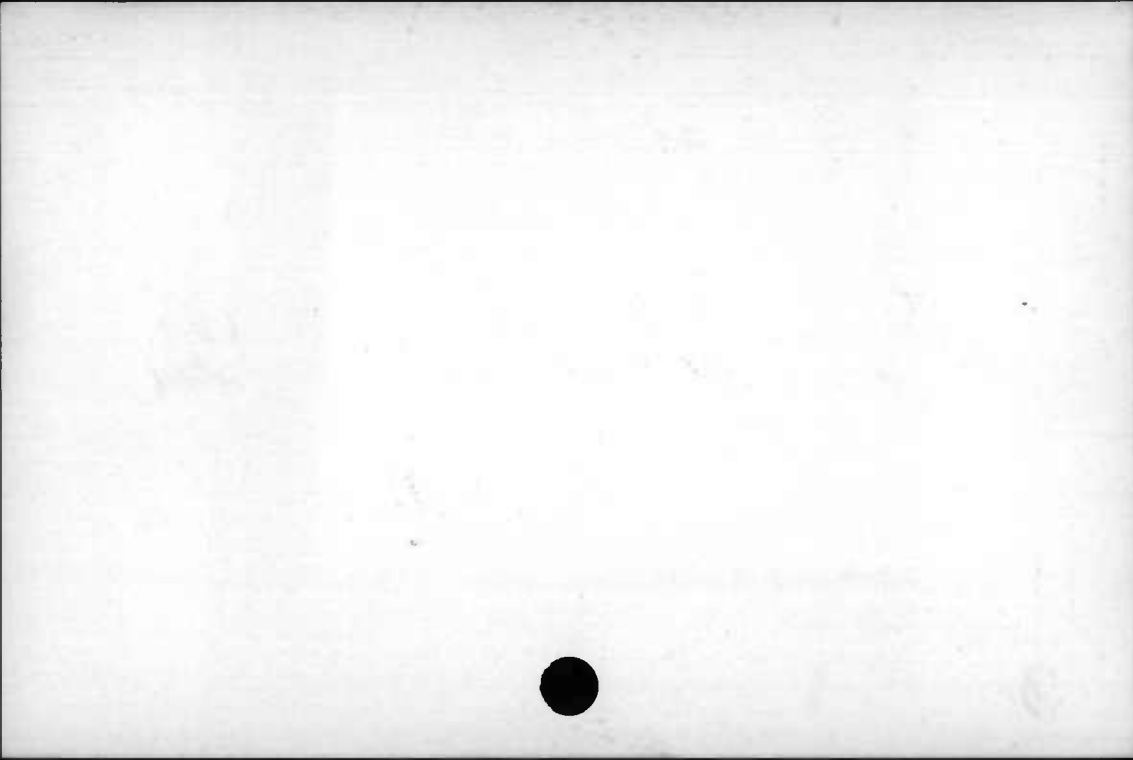
MARYLAND

Died at		Town Mountain Dale Md		County Frederick co	
Date of death		1905	Month 4	Day 19	Age Years ..
Sex Female		Color or Race white		Birth- place Frederick co Md	
Occupation None			Where Residing if not at place of death		
Married, Single or Widowed Single		Name of Wife or Husband not married			
Father's Name Isaiah b. Rice		Father's Birthplace Frederick co Md			
Mother's Maiden Name Mary Shankle		Mother's Birthplace " Md			
Name of person giving Information Father		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Inanition	How long 8 days
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician C. E. Miller
	Address
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

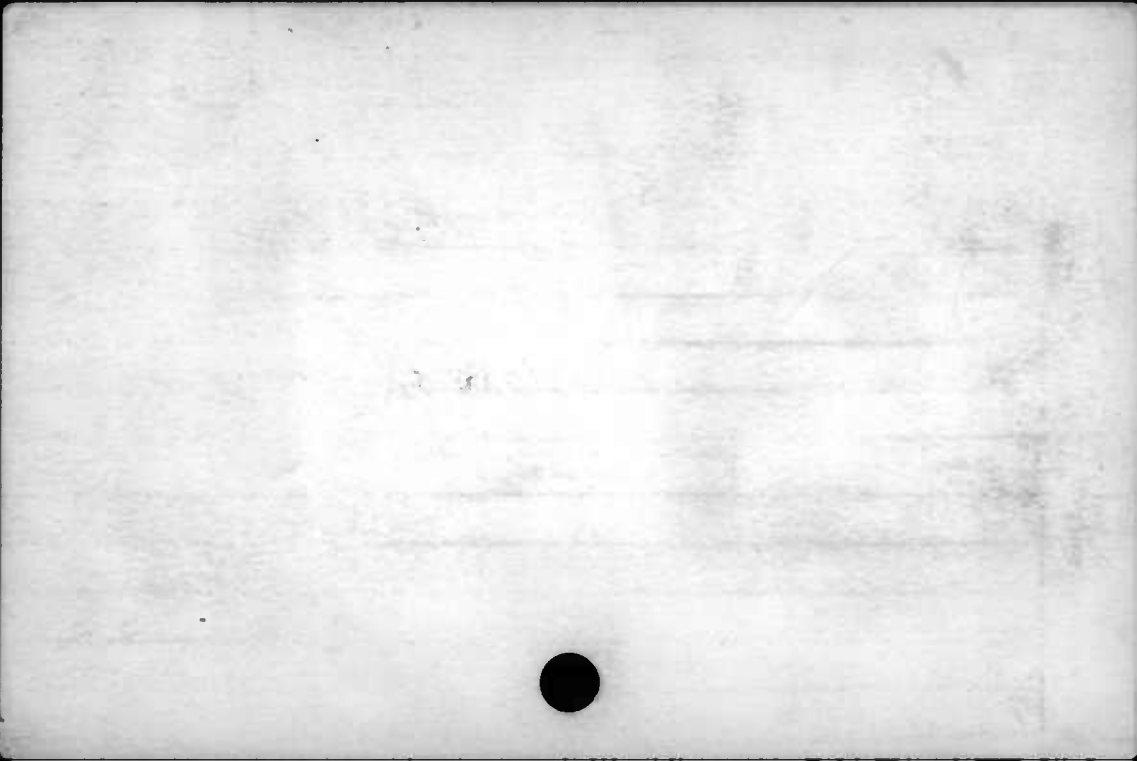
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Margaret V. Rinker</i>		Town <i>Brunswick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Brunswick</i>		Date of death <i>1905</i>		Month <i>4</i>		Day <i>20</i>	
Age <i>5</i>		Years <i>5</i>		Months <i>5</i>		Days <i>5</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Brunswick Md</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>none</i>					
Married, Single or <del>Widowed</del>		Name of Wife or Husband <i>Samuel P. Rinker</i>					
Father's Name <i>Samuel P. Rinker</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Jennie V. Cozgrave</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Jennie V. Cozgrave</i>		How related to deceased <i>mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>In digestion</i>	How long	<i>2 weeks</i>
Immediate	<i>managing ill</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. J. Horner</i>	
Address <i>Brunswick Md</i>		Address <i>Brunswick Md</i>	
Accident or Suicide? <i>no</i>			



Name  
in  
Full

*Lo. Roe*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Monterey Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>5</i>	Years <i>62</i>	Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

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CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Debility</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lyman</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

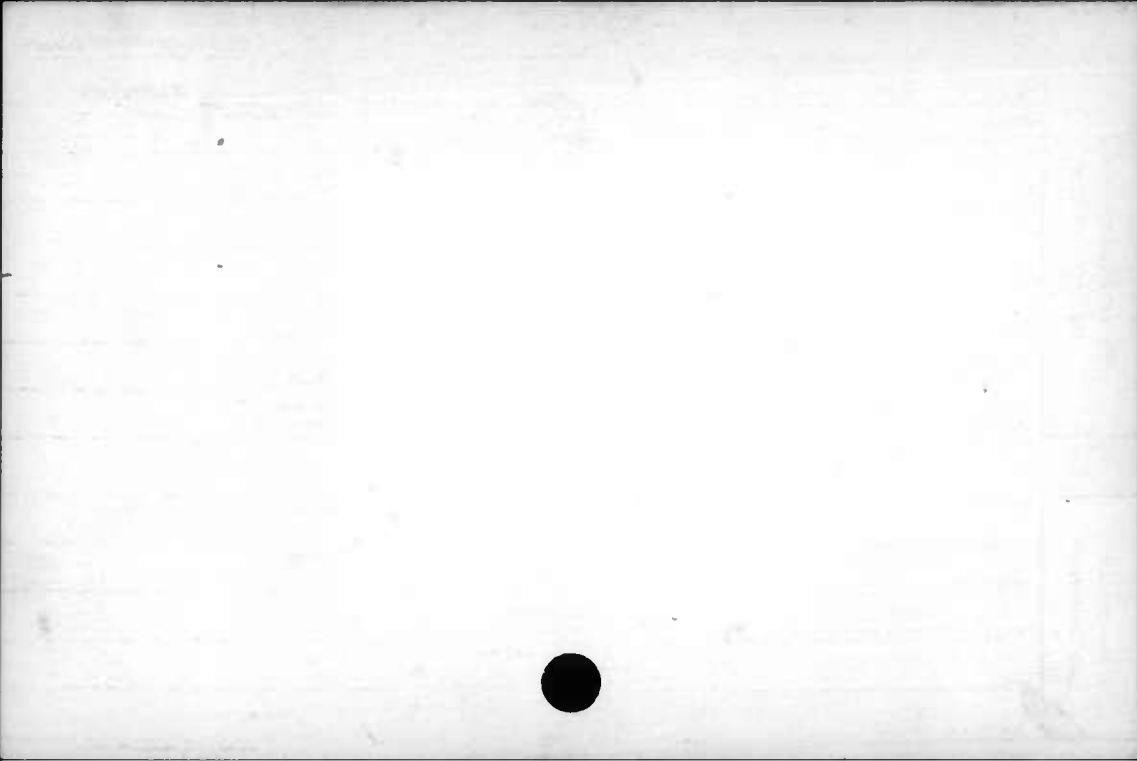
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Ivan J. Schroyer</b>		Town <b>near Wolfsville</b>		County <b>Frederick</b>		MARYLAND	
Died at		Month <b>April</b>		Day <b>22</b>		Age <b>1</b>	
Date of death <b>1905</b>		Months <b>8</b>		Years <b>24</b>		Days <b>24</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Wolfsville, Md.</b>			
Occupation <b>Infant</b>		Where Residing if not at place of death <b>11</b>					
Married, Single or Widowed <b>Infant</b>		Name of Wife or Husband					
Father's Name <b>Trenton C. Schroyer</b>		Father's Birthplace <b>Wolfsville Md.</b>					
Mother's Maiden Name <b>Lola E. Gaver</b>		Mother's Birthplace <b>Elkview Md.</b>					
Name of person giving information <b>Trenton C. Schroyer</b>		How related to deceased <b>Father</b>					

## CAUSES OF DEATH

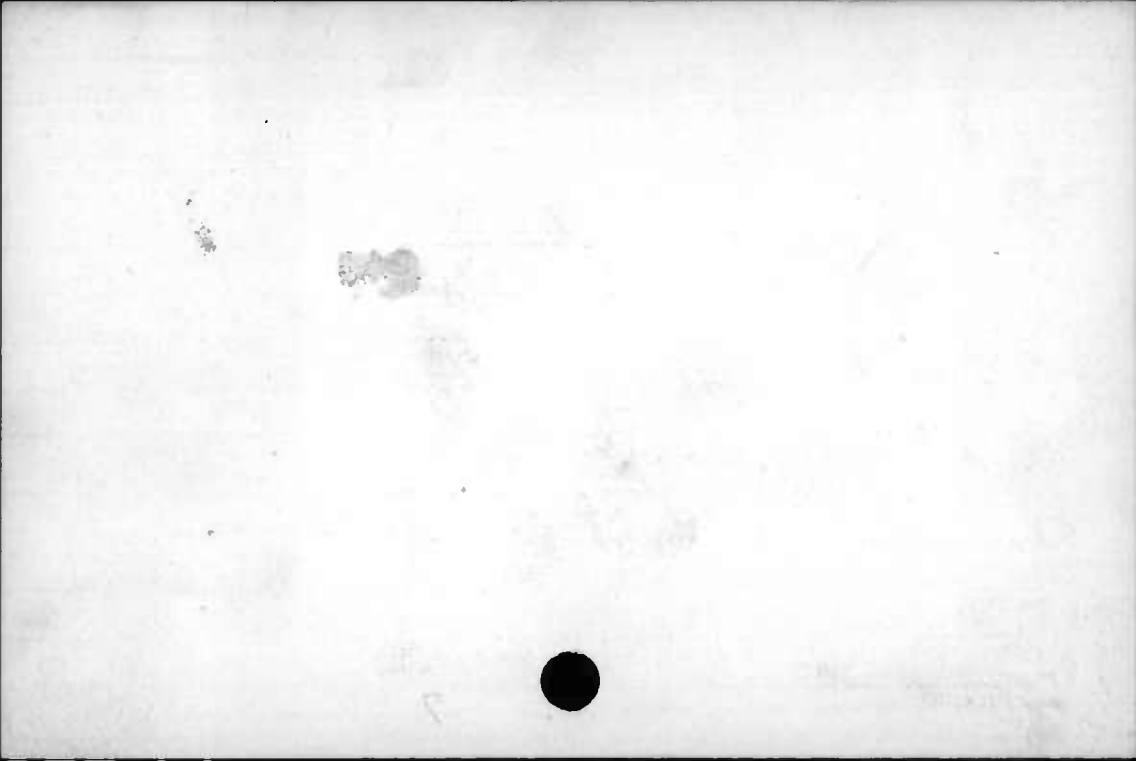
PHYSICIAN  
OR CORONER

Primary <b>Unknown</b>	How long <b>150</b>
Immediate <b>Hydrocephalus</b>	How long <b>About 3 wks.</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>A. J. Smith</b>
	Address <b>Wolfsville, Md.</b>
Accident or Suicide?	





Name in Full		Mand Short				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Othra Mills		Fredk County		MARYLAND			
	Date of death	1905	Month	4	Day	25	Age	Years	Months	Days
	Sex	Female		Color or Race	White		Birth-place	Penn.		
	Occupation					Where Residing if not at place of death				
	Married, Single or Widowed			Name of Wife or Husband						
	Father's Name						Father's Birthplace			
	Mother's Maiden Name						Mother's Birthplace			
Name of person giving information							How related to deceased			
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary				How long					
	Immediate				How long					
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician					
					Address					
	Accident or Suicide?									



Name  
in  
Full

## CERTIFICATE OF DEATH

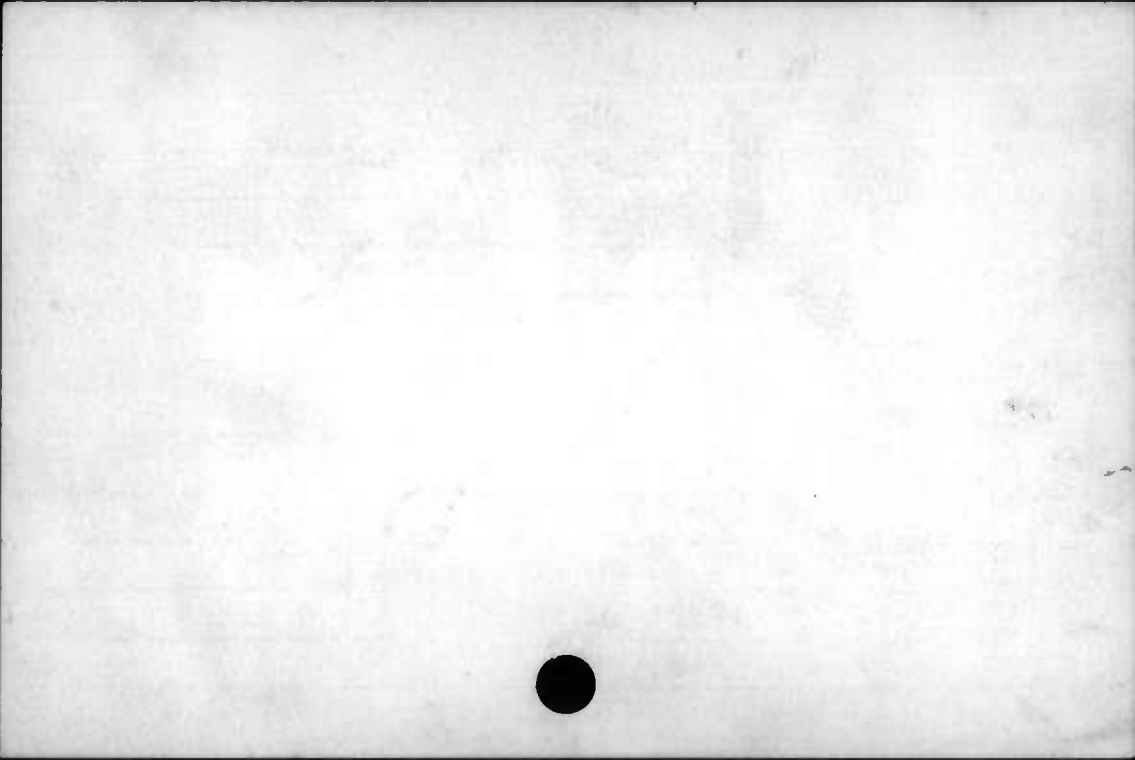
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Smithsburg</i> <small>Town</small> <i>Fredericks</i> <small>County</small>		MARYLAND	
Date of death 1905	<i>April</i> <small>Month</small> <i>thineteenth</i> <small>Day</small> <i>seven</i> <small>Years</small>	<i>Eleven</i> <small>Months</small> <i>Twenty</i> <small>Days</small>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Near Smithsburg</i>	
Married, Single or Widowed <i>Single</i>		Occupation _____	
Name of Wife or Husband _____			
Father's Name <i>Cyrus Smith</i>		Father's Birthplace <i>Near Smithsburg</i>	
Mother's Maiden Name <i>Sarah E. Kindle</i>		Mother's Birthplace <i>Near Smithsburg</i>	
Name of person giving information <i>Cyrus Smith</i>		How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Wife Lumbillity of Cervix gestation</i>	How long <i>5 days</i>
Immediate <i>Cervix gestation of the lungs</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Ashburn</i>
	Address <i>Smithsburg Md.</i>
Accident or Suicide?	



Name  
in  
Full

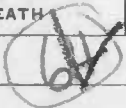
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1905 -		April	20 <sup>th</sup>	Age 72	2	10	
Sex	Male	Color or Race	White	Birth place	Libertytown		
Married, Single or Widowed	Married		Occupation Farmer				
Name of Wife or Husband		Rebecca A.					
Father's Name		Joseph Smith			Father's Birthplace Ind		
Mother's Maiden Name		Mary Smith			Mother's Birthplace N.Y.		
Name of person giving information		Edward & Frank Smith			How related to deceased Sons		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	Sudden death
Immediate	Apoplexy	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Kelle
		Address	Woodsboro. Md.
Accident or Suicide?			



Name  
in  
Full

Samuel A. Snook

## CERTIFICATE OF DEATH

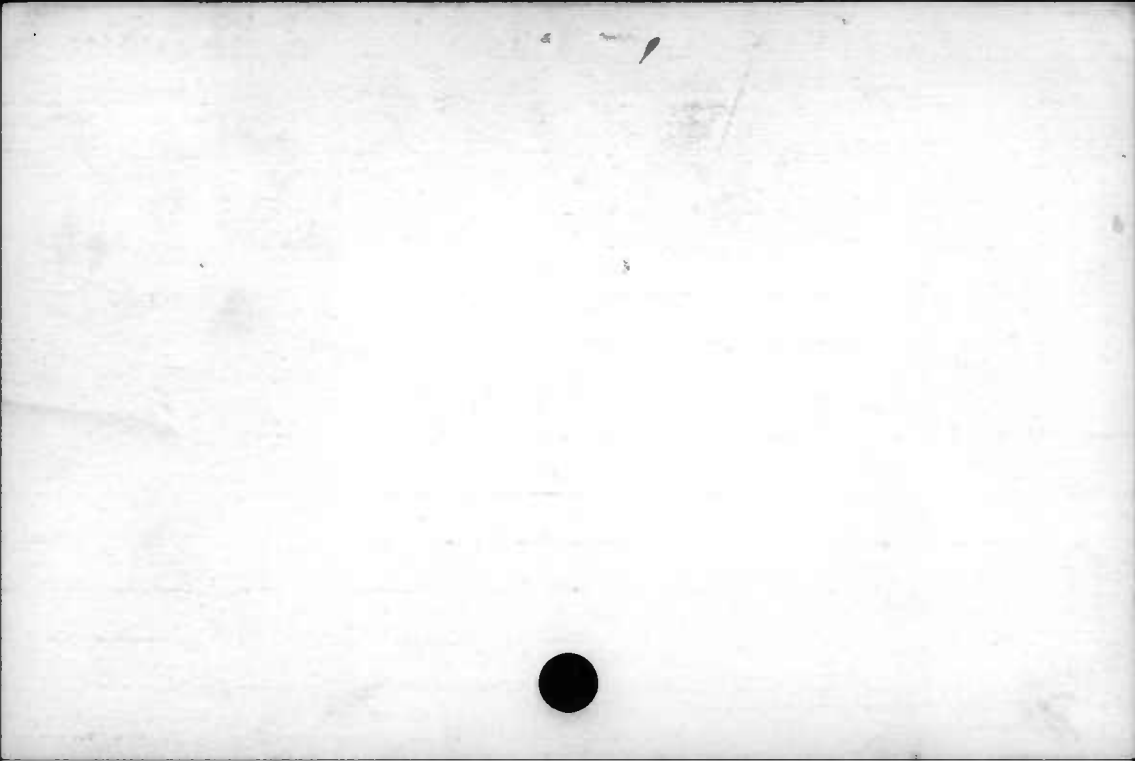
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cecilston</u>		County <u>Frederick</u>		MARYLAND	
Date of death	1905	Month	April	Day	16
Age	20	Years	0	Months	22
Sex	male	Color or Race	white	Birth-place	Ind.
Occupation	Carpenter	Where Residing If not at place of death <u>at place of death</u>			
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	John A. Snook			Father's Birthplace	
Mother's Maiden Name	Minerva Hallin			Mother's Birthplace	
Name of person giving information	J. M. C. [Signature]			How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis (pulmonary)</u>	How long	<u>6 months -</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Morris A. Bink</u>	
		Address <u>of [Signature]</u>	
Accident or Suicide?		<u>No.</u>	





Name  
in  
Full

Alvany C. Storer

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> near Oak Orchard <sup>County</sup> FrederickDate of death 1905 <sup>Month</sup> April <sup>Day</sup> 14 <sup>Years</sup> Age 30 <sup>Months</sup> 11 <sup>Days</sup> 23

Sex male Color or Race white American Birth-place near Oak Orchard

Occupation Farm Laborer Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Samuel E. Storer

Father's Birthplace Oak Orchard

Mother's Maiden Name Nettie F. Zumbrohn

Mother's Birthplace Hornum

Name of person giving information Samuel E. Storer

How related to deceased Father

## CAUSES OF DEATH

Primary Suicide by hanging. (15) How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

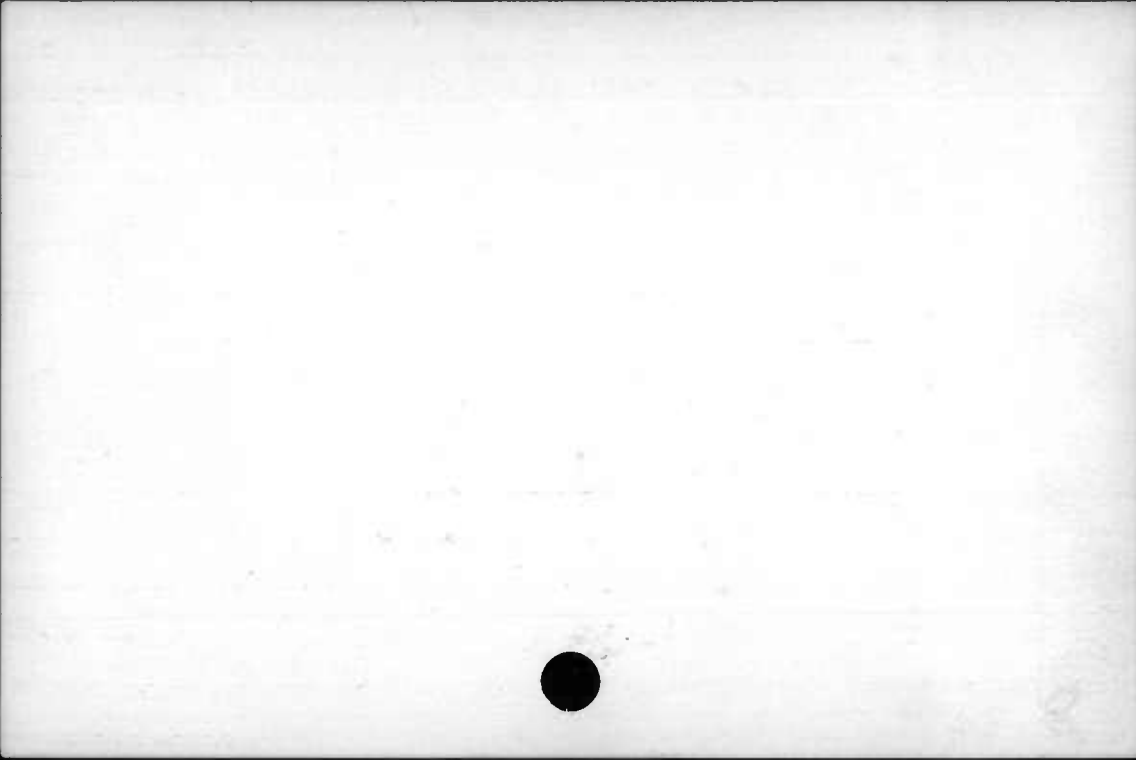
W. H. Whitaker

Address

Unionville Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Geo W Taylor

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Utica Mills Md*County *Frederick*

MARYLAND

Date of death *1905* <sup>Month</sup> *April*<sup>Day</sup> *21*Age <sup>Years</sup> *68*<sup>Months</sup> *3*<sup>Days</sup> *10*Sex *Male*

Color or Race

*white*

Birth-place

*Pa*

Occupation

*Laborer*

Where Residing if not at place of death

Married, Single or Widowed

*Married*

Name of Wife or Husband

*Anna W Roberts*

Father's Name

*David Taylor*

Father's Birthplace

*Pa*

Mother's Maiden Name

*Barbara Ripple*

Mother's Birthplace

*Pa*

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary

*Tuberculosis*

How long

*Several yrs*

Immediate

*Exhaustion*

How long

*2 weeks*

Are the name, age, sex, color, date and place correctly given above?

*They are*

Signature of Physician

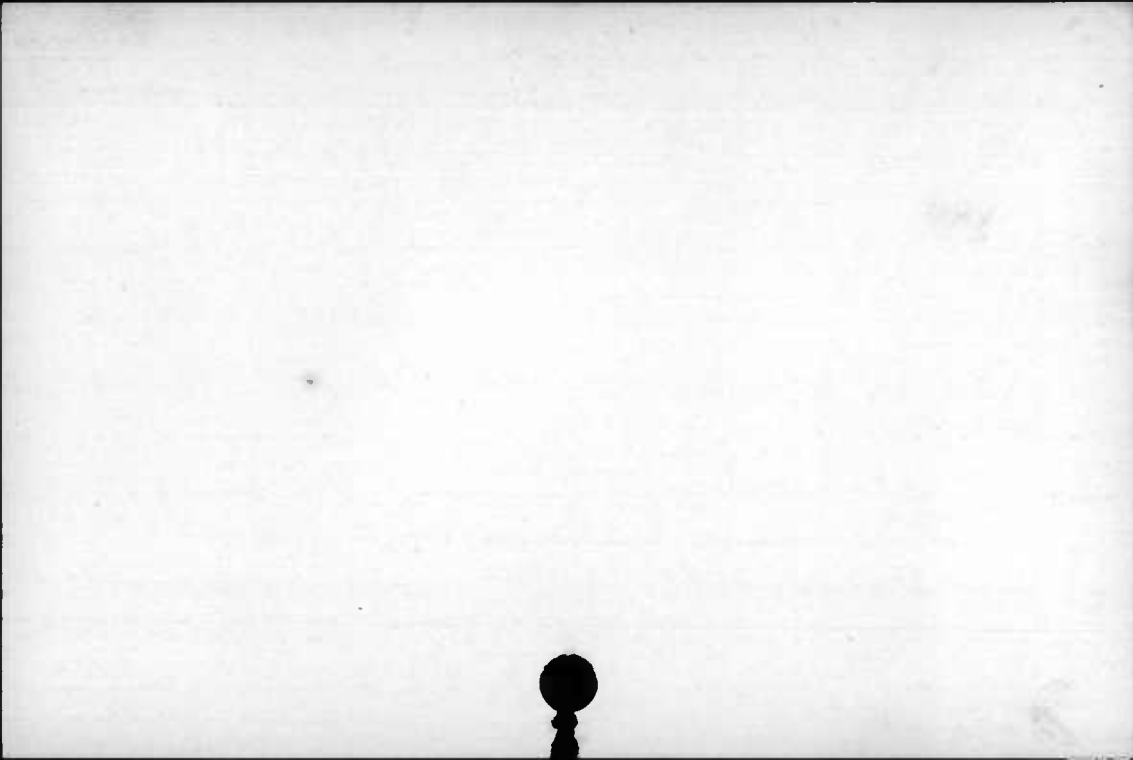
*B. W. Goldsboro*

Address

*Walkersville**Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

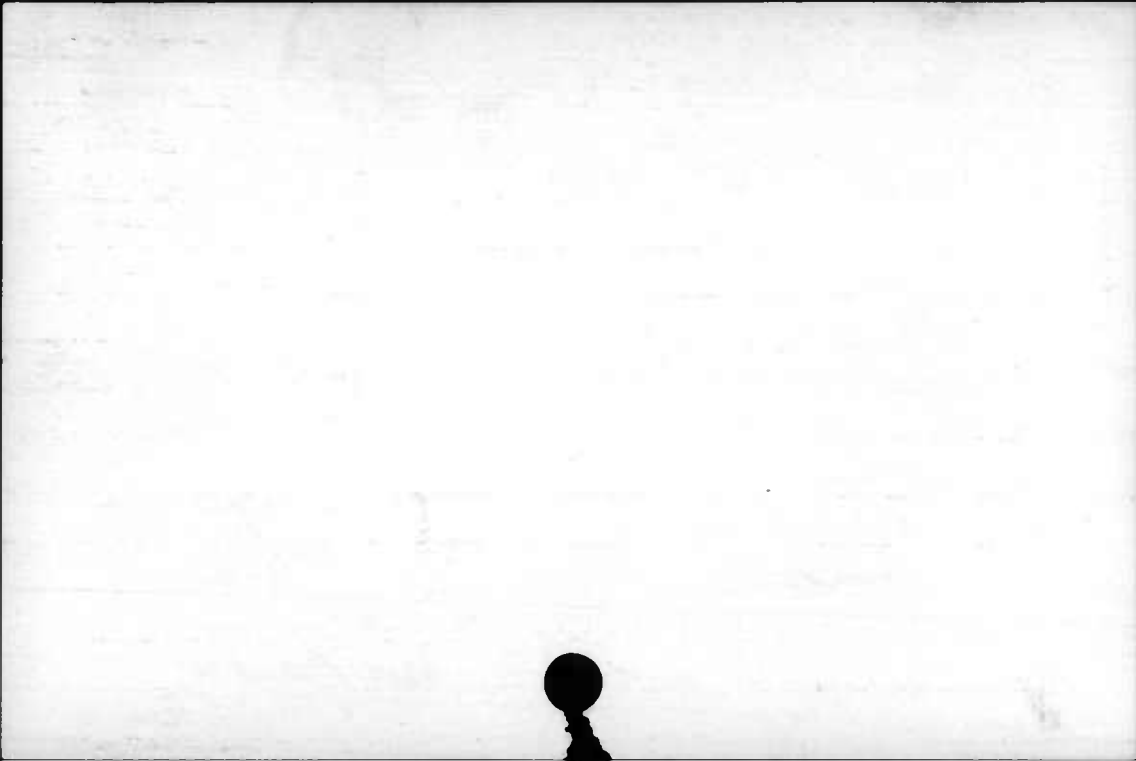


# CERTIFICATE OF DEATH

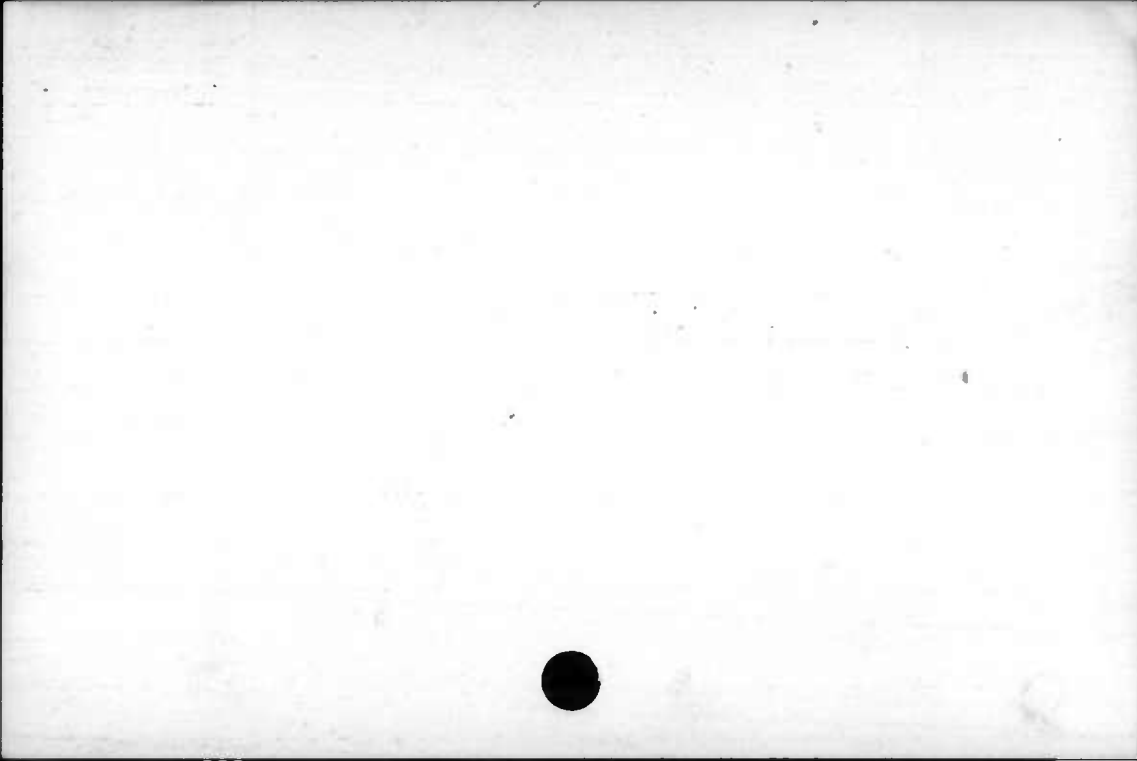
Died at <i>Emmitsburg</i>		<i>Frederick</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>April</i>	Day	<i>2</i>	Age	<i>75</i>
				Months	<i>8</i>	Days	<i>15</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Stoussburg Pa.</i>
Occupation	<i>Gentleman</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Frances E. Ulrich</i>			
Father's Name	<i>Rev. Daniel Ulrich</i>					Father's Birthplace	
Mother's Maiden Name	<i>Elizabeth Weidman</i>					Mother's Birthplace	<i>Lebanon Pa.</i>
Name of person giving information	<i>Edward M. Ulrich</i>					How related to deceased	<i>Son</i>

### CAUSES OF DEATH

Primary		How long	
Immediate	Heart failure	179	How long 7 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Michaelberger M.D.
		Address	Emmitburg
Accident or Suicide?			Thos



Name in Full		Mary Ann Umbarger				8	CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Mouoria		County		Fredonia						
		Date of death		1905	Month	4	Day	6	Age	95	Months	4	Days	6
		Sex		Female		Color or Race		white		Birthplace		Maryland		
		Occupation				Where Residing if not at place of death								
		Married, Single or Widowed		Single		Name of Wife or Husband		—						
		Father's Name		Henry Umbarger				Father's Birthplace		Md				
		Mother's Name		Ann Umbarger				Mother's Birthplace		Md				
Name of person giving information		Jas. S. Umbarger				How related to deceased		nephew						
CAUSES OF DEATH														
PHYSICIAN OR CORONER		Primary		Arterio-Sclerosis				How long		Don't know for years				
		Immediate		Syncope				How long		Suddenly				
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. H. Hopkins Jr. M.D.						
						Address		New Market						
		Accident or Suicide?		no				Maryland						





Name  
in  
Full

Sybil C Williard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *near Dryfield* <sup>County</sup> *Frederick*Date of death *1905* <sup>Month</sup> *April* <sup>Day</sup> *8* <sup>Years</sup> *42* <sup>Months</sup> *7* <sup>Days</sup> *21* *md*Sex *Female* Color or Race *White* Birth-place *Frederick Co.*Occupation *Housewife* Where Residing if not at place of deathMarried, ~~Single~~ <sup>or Widowed</sup> Name of ~~Wife or~~ <sup>Husband</sup> *Robert Williard*Father's Name *Samuel Wetzel* Father's Birthplace *Frederick Co.*Mother's Maiden Name *Savilla Kipe* Mother's Birthplace *" "*Name of person giving information *Robert Williard* How related to deceased *Husband*

## CAUSES OF DEATH

Primary *Peritonitis* How long *Ten days*Immediate *"* How longAre the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. L. Wachter* Address *Sabillasville Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John W. Young*

Town *Indaver* County *Medvers*

Died at *Indaver*

Date of death *1905* - Month *April* Day *20* Age *56* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Merchant.* Where Residing if not at place of death ☒

Married, Single or Widowed *Married* Name of Wife or *Annie Elizabeth Otto* *Marbury Germany*

Father's Name *Chas. Alfred Young* Father's Birthplace *Ind.*

Mother's Maiden Name *Anna Rebecca Eagle* Mother's Birthplace *Ind. Co*

Name of person giving information *Annie Elizabeth Young* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Interstitial Nephritis.* How long *8 or 10 years.*

Immediate *Uraemia.* How long *Eight days.*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *J. P. Johnson.*

Address *Indaver Ind.*

Accident or Suicide? ☒

G. C. Early

mobility

Apr 22